

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>6352 25th Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
2. <u>[Signature]</u>	<u>5220 3rd Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
3. <u>[Signature]</u>	<u>4401 68th St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
4. <u>[Signature]</u>	<u>10416 69th Pl</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
5. <u>[Signature]</u>	<u>26801 109th St</u> <u>Trevor, WI 53179</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Salem</u>	<u>4-8-11</u>
6. <u>[Signature]</u>	<u>8417 Buckingham Dr</u> <u>Shurtlewood, WI 53177</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACTON</u>	<u>4-8-11</u>
7. <u>[Signature]</u>	<u>6135 25th Ave</u> <u>Kenosha 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
8. <u>[Signature]</u>	<u>1103 61st</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
9. <u>[Signature]</u>	<u>7511 SHURLEWOOD DR</u> <u>Salem 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Salem</u>	<u>4-8-11</u>
10. <u>[Signature]</u>	<u>53158</u> <u>1817 64th St #103</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u> <u>Kenosha</u>	<u>4-8-11</u>

I, Richard Risco / Certification of Circulator, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-11-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2501

# RECALL PETITION

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petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

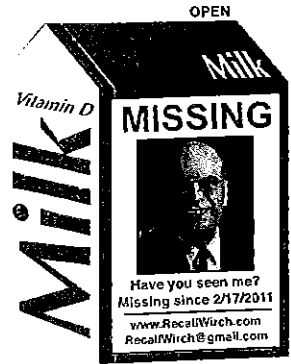
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>2013 50th St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
2. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
3. <u>[Signature]</u>	<u>7506 22nd Ave</u> <u>Kenosha 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
4. <u>[Signature]</u>	<u>531</u> <u>5962 N LOVELL St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
5. <u>[Signature]</u>	<u>5225 12th Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
6. <u>[Signature]</u>	<u>6103 25th St</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
7. <u>[Signature]</u>	<u>1814 89th St</u> <u>APT 201 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
8. <u>[Signature]</u>	<u>8840 - 35 AVE</u> <u>KENOSHA WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u>	<u>3-29-11</u>
9. <u>[Signature]</u>	<u>4120 95th Street</u> <u>53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/29/11</u>
10. <u>[Signature]</u>	<u>5502 60th St #116</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>

## Certification of Circulator

I, Richard Risco, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 29 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

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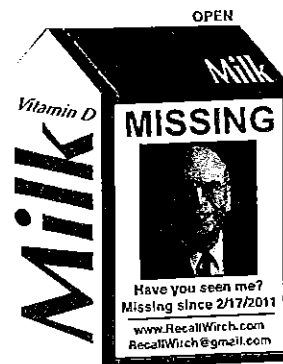
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1. <u>[Signature]</u>	<u>1427 BLAKE AVE</u> <u>Kenosha WI 53405</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
2. <u>[Signature]</u>	<u>1614 52<sup>nd</sup> ST</u> <u>Kenosha WI 53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
3. <u>[Signature]</u>	<u>6780 12<sup>th</sup> AVE</u> <u>Kenosha 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
4. <u>[Signature]</u>	<u>53144</u> <u>5818-50 AVE Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
5. <u>[Signature]</u>	<u>53144</u> <u>6614 - 15 AVE Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
6. <u>[Signature]</u>	<u>4617 25 AVE Kenosha</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
7. <u>[Signature]</u>	<u>437 44<sup>th</sup> ST Kenosha</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
8. <u>[Signature]</u>	<u>6506 22 AVE Kenosha</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
9. <u>[Signature]</u>	<u>7314 12<sup>th</sup> AVE</u> <u>Kenosha 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
10. <u>[Signature]</u>	<u>5513 58<sup>th</sup> AVE</u> <u>Kenosha 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>

## Certification of Circulator

I, Richard Risco, certify:

(name of circulator)

I reside at 1201 S. Nevada Colorado Springs Colorado 80903

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 29 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2503

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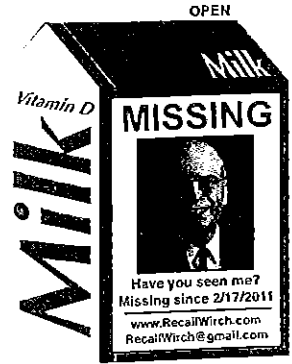
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1.	8440 82 <sup>nd</sup> St, apt. 109 53158	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Prairie	3-17-11
2.	444 172 <sup>nd</sup> Ave 53140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Paris	3-17-11
3.	1504 69 <sup>th</sup> St 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-17-11
4.	22311 121st St, Bristol, WI 53104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bristol	3/17/11
5.	6010 53 <sup>rd</sup> Ave 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/17/11
6.	21616 83 <sup>rd</sup> STREET 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SALEM	3/17/11
7.	PO Box 787-53181 Pell, Lake WI 53181	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	3/17/11
8.	6411 Wheatland Rd Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	3/17/11
9.	6514 106 <sup>th</sup> Ave Kenosha, WI 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/17/11
10.	2429 200 <sup>th</sup> Ave Union Grove WI 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PARIS	3/17/11

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March 21 2011  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2504



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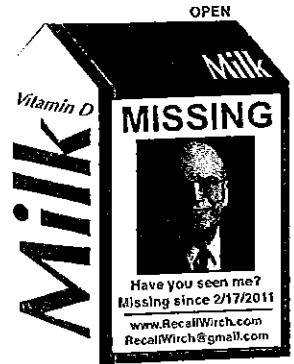
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Miranda Willis</u> <u>MIRA</u>	<u>4306 32nd AVE</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
2. <u>Shara Behner</u>	<u>5023 23rd Ave</u> <u>53140 Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
3. <u>Daniel Thompson</u>	<u>6914 37th AVE</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
4. <u>Michelle Fickie</u>	<u>4810 45th St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
5. <u>Patricia Rose</u>	<u>8705 1108 Salem</u> <u>WI 53108</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SALEM</u>	<u>3-29-11</u>
6. <u>William</u>	<u>29205 7th St</u> <u>Burlington WI 53106</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-29-11</u>
7. <u>Vonetta Williams</u>	<u>1700 70th</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
8. <u>Michelle Smith</u>	<u>1722 56th St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
9. <u>Yolanda Morales</u>	<u>5035 28th Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
10. <u>[Signature]</u>	<u>12416 1st Ave</u> <u>53179</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TREVORE</u>	<u>3-29-11</u>

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(date)

[Signature]  
(signature of circulator)

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Page No. 2505

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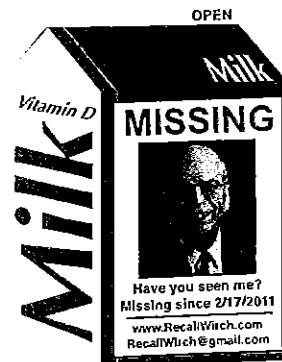
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1. James May	1804 30th Ave 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
2. Mark K	4013 13 <sup>th</sup> Ave upper 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
3. Terry Brinks	2929 72st Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
4. Robert Young	2308 71st Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
5. Schuyler Brackman	24914 125th 53179 Troy WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Troy	3/29/11
6. [Signature]	17335 W. ICELLY RD WADSWORTH IL	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WADSWORTH	3/29/11
7. James Hoar	2329 47th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
8. Zylu Pold	9043 15th Avenue Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
9. [Signature]	38703 BEACH PARK 60099 5023 230th Ave Apt 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BEACH PARK	3/29/11
10. [Signature]	Kenosha WI 53140 5023 23rd Ave Apt 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-29-11

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Page No. 2506

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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

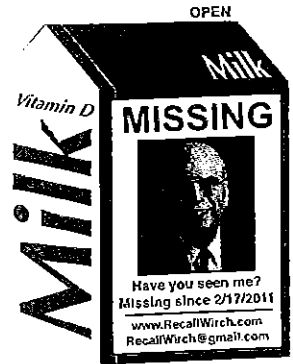
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Patricia Wade</u>	<u>10920-27<sup>th</sup> Ave Lower</u> <u>Kenosha WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
2. <u>Robert Fox</u>	<u>4829 74<sup>th</sup> Ave</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
3. <u>George Williams</u>	<u>1700 53<sup>rd</sup> St</u> <u>53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
4. <u>Stacy Morales</u>	<u>5035 28<sup>th</sup> Ave</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
5. <u>Stephanie Calaway</u>	<u>6400-38<sup>th</sup> Ave</u> <u>53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
6. <u>Tim Pogue Jr.</u>	<u>8639 18<sup>th</sup> Ave</u> <u>53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Richard Risco **Certification of Circulator** certify:  
(name of circulator)  
I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 29 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2507

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

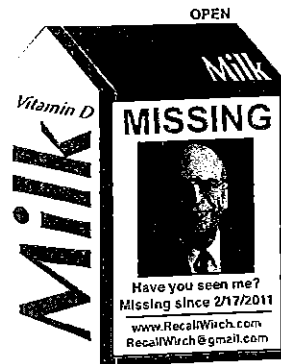
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1329 ST ST</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/31/11</u>
2. <u>[Signature]</u>	<u>4715 22nd AVE UPPER</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
3. <u>[Signature]</u>	<u>6621 25TH AVE</u> <u>LOWER 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
4. <u>[Signature]</u>	<u>53140</u> <u>1508 60TH ST. LOWER</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
5. <u>[Signature]</u>	<u>9002 Sheridan #43</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
6. <u>[Signature]</u>	<u>7305 Sheridan Rd</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
7. <u>[Signature]</u>	<u>1830 Washington</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
8. <u>[Signature]</u>	<u>9002 Sheridan #43</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
9. <u>[Signature]</u>	<u>5320 17th Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
10. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Richard Riscol, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 31 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2508

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

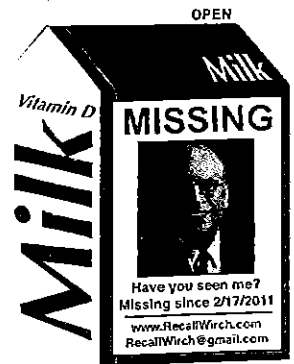
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Mercedes Rucker</u>	<u>51st 1900</u> <u>53043</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Richard Risco **Certification of Circulator**

, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2509

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

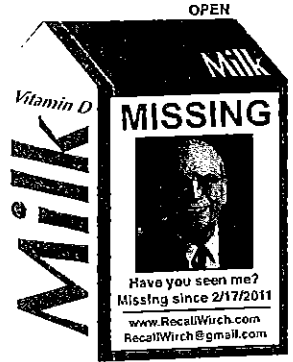
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1700 88<sup>th</sup> St</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
2. <u>[Signature]</u>	<u>2226 58<sup>th</sup></u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/2/11</u>
3. <u>[Signature]</u>	<u>1724 19<sup>th</sup> Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
4. <u>Robert Brown</u>	<u>5722 33<sup>rd</sup> Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
5. <u>[Signature]</u>	<u>1922 89<sup>th</sup> Street</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Richard Risco, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 7 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2510

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

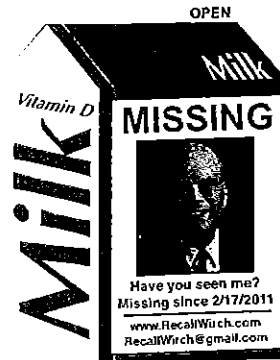
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	2830 45th Street Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
2.	3930 45th Street Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/5/11
3.	5502 60th Apt 306 WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11
4.	1606 Birch Rd #202 Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11
5.	3809 15th St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11
6.	918 64th St. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11
7.	5717 - 32nd Ave lower Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11
8.	6806 22nd AVE KENOSHAWI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11
9.	12415 Foxriver road Wilmot, WI 53192	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-5-11
10.	12417 Foxriver road Wilmot, WI 53192	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-5-11

## Certification of Circulator

I, RICHARD SALWAY, certify:

(name of circulator)

I reside at 234 JOHANSON RD CATHAM WI 12110

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2511

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

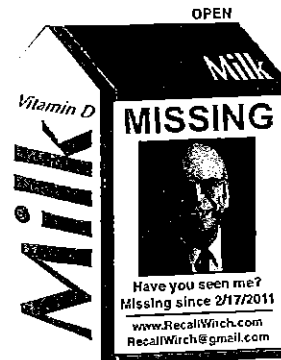
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Nancy Avalos</u>	<u>1408 63rd St #1</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-5-11</u>
<u>Nancy Avalos</u>	<u>53143</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
2. <u>Diana Alsterda</u>	<u>3534 85th Pl</u>	<input type="checkbox"/> Town	<u>4/5/11</u>
	<u>Kenosha WI 53142</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
3. <u>Poo</u>	<u>7060 Greenbay Rd</u>	<input type="checkbox"/> Town	<u>4/5/11</u>
	<u>Kenosha WI 53144</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
4. <u>Mercedes Pidge</u>	<u>3119 18th Ave</u>	<input checked="" type="checkbox"/> Town	<u>4/5/11</u>
	<u>Kenosha WI 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
5. <u>McCarroll</u>	<u>4045 11th Avenue</u>	<input type="checkbox"/> Town	<u>4/5/11</u>
	<u>Kenosha WI 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
6. <u>Doris</u>	<u>1714 15th St</u>	<input type="checkbox"/> Town	<u>4/5/11</u>
	<u>Kenosha WI 53142</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
7. <u>Rodolfo Flores</u>	<u>6506 126th St</u>	<input type="checkbox"/> Town	<u>4/5/11</u>
	<u>Kenosha WI 53158</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
8. <u>Jeff Dyer</u>	<u>5109 - 256 Ave</u>	<input checked="" type="checkbox"/> Town	<u>4/5/11</u>
	<u>Salem, WI 53181</u>	<input type="checkbox"/> Village	
		<input type="checkbox"/> City	
9. <u>Heather Zink</u>	<u>1203 53rd St</u>	<input type="checkbox"/> Town	<u>4-5-11</u>
	<u>Kenosha WI 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
10. <u>[Signature]</u>	<u>828 Spruce Ave</u>	<input type="checkbox"/> Town	<u>4-5-11</u>
	<u>Kenosha WI 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	

## Certification of Circulator

1. Richard Risco

, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 7 2011

(date)

[Signature]

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

25/2



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Maay Hln</u>	<u>4622 8th Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>04/5/11</u>
2. <u>Alex tenorio</u>	<u>53140</u> <u>4515 36th Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
3. <u>[Signature]</u>	<u>401.0 5th</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>53140</u> <u>3535 28th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
5. <u>[Signature]</u>	<u>4000 45th St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
6. <u>[Signature]</u>	<u>5111 17 AVE</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
7. <u>[Signature]</u>	<u>2107 50th St</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
8. <u>[Signature]</u>	<u>8312 28th Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
9. <u>[Signature]</u>	<u>8821 41st Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
10. <u>Angelagross</u>	<u>5713 35 Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>

## Certification of Circulator

I, Richard Risco, certify:

(name of circulator)

I reside at 1201 S. Nevada Colorado Springs Colorado  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

April 7 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2513

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

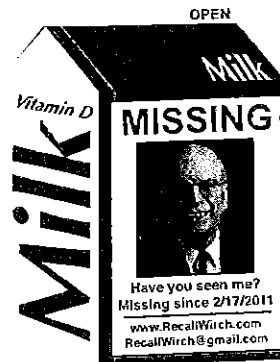
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>mat Goff</u>	<u>4615 37<sup>th</sup> AVE 53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>3/30/2011</u>
2. <u>Gu Li</u>	<u>4615 11<sup>th</sup> Ave</u> <u>Kenosha, WI 5314</u>	<input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
3. <u>Hawn Brigman</u>	<u>1100 mill ave</u> <u>Union Grove, WI 53182</u>	<input checked="" type="checkbox"/> Village <u>Union Grove</u>	<u>3/30/11</u>
4. <u>Ricardo J.F.</u>	<u>4615 52<sup>nd</sup> Ave WI 53144</u>	<input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
5. <u>Danielle Rose</u>	<u>5701 52<sup>nd</sup> Ave</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
6. <u>Abby Khoury</u>	<u>1702 Winlaw St</u> <u>Racine WI</u>	<input checked="" type="checkbox"/> City <u>Racine</u>	<u>3/30/11</u>
7. <u>Ma [unclear]</u>	<u>1646 Stoddard</u> <u>LA Racine</u>	<input checked="" type="checkbox"/> City <u>Racine</u>	<u>3-30-11</u>
8. <u>Cheri Rose</u>	<u>8386 65<sup>th</sup></u> <u>P.P. WI 53158</u>	<input checked="" type="checkbox"/> City <u>P.P. Prairie</u>	<u>3-30-11</u>
9. <u>Jose [unclear]</u>	<u>4911 25<sup>th</sup></u> <u>53140</u>	<input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
10. <u>[unclear]</u>			

I, Richard Risco, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

March 30 2011  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2514

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

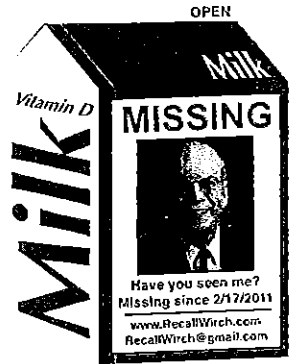
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Amanda Anderson</u>	<u>10315 21<sup>st</sup> Ave #2</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/31/11</u>
2. <u>Alejandro Garcia</u>	<u>3122 23<sup>rd</sup> Ave. Lower</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/31/11</u>
3. <u>Ngator Nkomo</u>	<u>581 21<sup>st</sup> Ave #2</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03/31/11</u>
4. <u>Donnell</u>	<u>1017 73<sup>rd</sup> St</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
5. <u>Madison</u>	<u>514-6<sup>th</sup> Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
6. <u>Donnell</u>	<u>4720 42<sup>nd</sup> Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
7. <u>Sylvia Delasana</u>	<u>1401-65<sup>th</sup> St</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
8. <u>St BS</u>	<u>1324-74<sup>th</sup> St</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
9. <u>Donnell</u>	<u>5411 89<sup>th</sup> Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
10. <u>Ernesto</u>	<u>6520 18<sup>th</sup> Ave</u> <u>Kenosha, WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>

## Certification of Circulator

I, Richard Risco, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

March 31 2011  
(date)

Richard Risco  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2515

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

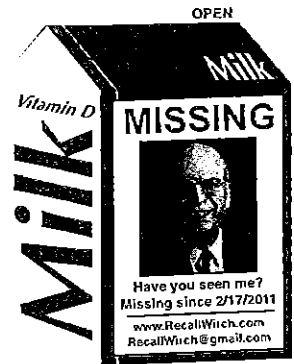
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>8140 195th AVE #7</u> <u>Bristol WI 53004</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-31-11</u>
2. <u>[Signature]</u>	<u>1708 60th ST</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
3. <u>[Signature]</u>	<u>1817 104th ST</u> <u>PL PRAIRIE WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Prairie</u>	<u>3-31-11</u>
4. <u>[Signature]</u>	<u>5226 43rd AVE</u> <u>ICE CREST WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ICE CREST</u>	<u>3-31-11</u>
5. <u>[Signature]</u>	<u>29010 117th STREET</u> <u>KENOSHA WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tremor</u>	<u>3-31-11</u>
6. <u>[Signature]</u>	<u>5400 34th AVE</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
7. <u>[Signature]</u>	<u>5403 46th AVE</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
8. <u>[Signature]</u>	<u>4048 29th AVE</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
9. <u>[Signature]</u>	<u>5817 20th Avenue</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
10. <u>[Signature]</u>	<u>53140</u> <u>54514 58th</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>

I, Richard Risol, certify:

I reside at 1201 S. Nevada Colorado Springs Colorado 80903  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

March 31 2011  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2516

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>John Riep</u>	<u>28703 SILVER LAKE RD SALEM WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4/4/11</u>
2. <u>Lee H. H.</u>	<u>8015 221<sup>st</sup> AVE SALEM WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4/4/11</u>
3. <u>Ray Hartman</u>	<u>8951 271<sup>st</sup> SALEM WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4/5/11</u>
<u>Donald A. Hannan</u>	<u>28701 SILVER LAKE RD SALEM WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4/5/11</u>
5. <u>Jerry Sigurdson</u>	<u>26701 75th Street Salem, WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4-5-11</u>
6. <u>Paul Neuman</u>	<u>8458 235<sup>th</sup> Ave. Salem WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-5-11</u>
7. <u>Barbara Schumann</u>	<u>24503 89th St. SALEM, WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4-5-11</u>
8. <u>Alicia Poff</u>	<u>27935 Silver Lake Rd. Salem WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-5-11</u>
9. <u>Phil Z.</u>	<u>22206 120<sup>th</sup> St Bristol WI 53104</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-5-11</u>
10. <u>Michelle</u>	<u>11775 231<sup>st</sup> CT TROY, WI 53179</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4-5-11</u>

## Certification of Circulator

I, JEAN Stussie, certify:  
(name of circulator)

I reside at 8408 Engle Ave St John MO 63114  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4/5/11

(signature of circulator)

Jean Stussie

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2517

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

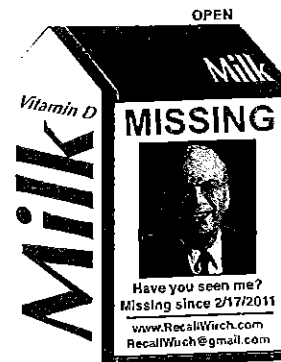
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Judith Thomas</u>	<u>260 45<sup>th</sup> St</u> <u>Salem WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/5/11</u>
2. <u>Howard Maydick</u>	<u>26044 100th St</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/5/11</u>
3. <u>Jade Humlik</u>	<u>24030 34th St</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/5/11</u>
4. <u>Diane Testerman</u>	<u>8512 235<sup>th</sup></u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-5-11</u>
5. <u>Sarah Eiskire</u>	<u>9047 269<sup>th</sup> Ave</u> <u>Salem, WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/5/11</u>
6. <u>Brian Chappari</u>	<u>327 81st street</u> <u>Salem WI 53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/5/11</u>
7. <u>Kevin Miller</u>	<u>26213 98th St</u> <u>TREVOR WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4/5/11</u>
8. <u>Jill</u>	<u>8909 369th Ave</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rondell</u>	<u>4-5-11</u>
9. <u>Sam Priapik</u>	<u>10462 269th Ave</u> <u>Trevor, WI 53179</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/5/11</u>
10. <u>Alan Ste</u>	<u>2607 5th Ave</u> <u>Salem WI 53165</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-5-11</u>

I, JEAN STUSSIE, certify:

(name of circulator)

I reside at 8408 Engle Ave St John MO 63114

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/5/11

Jean Stussie  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

258

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kathryn Hettrich</u>	<u>4986-96<sup>th</sup> Place</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
2. <u>Bobbi H. Peterson</u>	<u>9157 Cooper Rd.</u> <u>Pt. Pleasant WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11 P.P.</u>
3. <u>Alison Halverson</u>	<u>Kenosha WI 53144</u> <u>5465 24<sup>th</sup> Pl</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-30-11  
(date)

Jonathan Megie  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

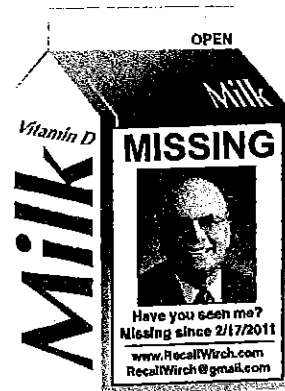
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>7214-3rd AVE</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
2. <u>[Signature]</u>	<u>3409 15th Street</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
3. <u>[Signature]</u>	<u>728 17th ST</u> <u>KENOSHA 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4/APR11</u>
4. <u>[Signature]</u>	<u>904 Montclair Pr.</u> <u><del>53140</del> 53401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u><del>Kenosha</del></u>	<u>4-4-11</u>
5. <u>[Signature]</u>	<u>23625 60th ST Salem</u> <u>53168</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-4-11</u>
6. <u>[Signature]</u>	<u>53140</u> <u>5417-25 AV.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
7. <u>[Signature]</u>	<u>1325-57 ST</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
8. <u>[Signature]</u>	<u>5316 21 Ave Lower</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
9. <u>[Signature]</u>	<u>5211 52nd St.</u> <u>WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
10. <u>[Signature]</u>	<u>830 - 7th ST</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2520



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

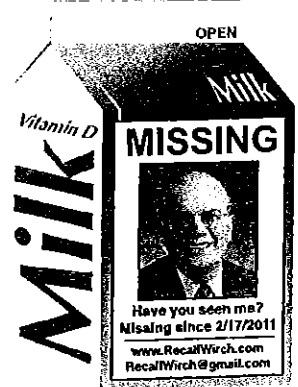
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Carli Bies</u>	<u>8444 199<sup>th</sup> Ave</u> <u>Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/17/11</u>
2. <u>[Signature]</u>	<u>8423 198<sup>th</sup> Ave Apt 103</u> <u>Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>03/17/2011</u>
3. <u>[Signature]</u>	<u>8444 199<sup>th</sup> Ave</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/17/2011</u>
4. <u>John E. Tassone</u>	<u>8415 199<sup>th</sup> Ave</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/18/2011</u>
5. <u>Maria J. Tassone</u>	<u>8415-199<sup>th</sup> Ave Apt 38</u> <u>Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/18/2011</u>
6. <u>Theresa Whelan</u>	<u>8424 198<sup>th</sup> Ave</u> <u>Bristol, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/19/2011</u>
7. <u>[Signature]</u>	<u>8423 198<sup>th</sup> Ave Apt 103</u> <u>Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/19/2011</u>
8. <u>Debra Whelan</u>	<u>8424 198<sup>th</sup> Ave</u> <u>Bristol, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/19/2011</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Meade certify:  
I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-28-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

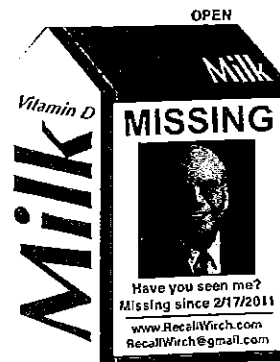
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	<u>Kenosha WI 53173</u> <u>3219 63rd St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-31-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**  
I, Jonathan Mege, certify:  
(Name of Circulator)  
I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2522

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Chris Villagrosa	6320 26 <sup>th</sup> Av 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-30-11
2. Jim Lewis	9940 82nd st 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant prairie <input type="checkbox"/> City	3/30/11
3. Rosa Salgado	6118 24 <sup>th</sup> Ave 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-30-11
4. Veronica O	4037 Lakeside Dr. 4037 Lakeside Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City 53401	3-30-11
5. K K	3717 80 <sup>th</sup> st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha 53142	3-30-11
6. M K	3702 80 <sup>th</sup> st Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-30-11
7. M J	7622 32 <sup>nd</sup> Ave. Kenosha 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3-30-11
8. [Signature]	2940 22 <sup>nd</sup> Ave 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City [Signature]	[Signature]
9. [Signature]	8330 63rd Ave Pleasant Prairie, 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
10. [Signature]	8910-82nd. ave. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/30/11

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No

2523

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wurch 22<sup>nd</sup> District State Senate of Wisconsin

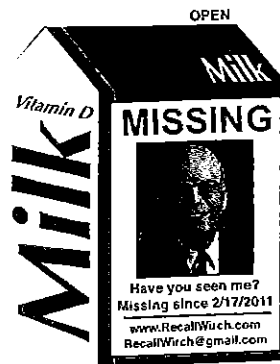
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Mark Ford</u>	<u>5512 66th St #14202</u> <u>Kenosha WI 53141</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>24 Mar 2011</u>
2. <u>Robert Martin</u>	<u>10542 58th Pl 53158</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>29 Mar 2011</u>
3. <u>[Signature]</u>	<u>7807 65th Street</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>29 Mar 2011</u>
4. <u>[Signature]</u>	<u>5805-6387</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>29 3/29/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jonathan Meyie, certify:

(name of circulator)

I reside at 2125 NW 124th St Miami FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11

(date)

[Signature]

(signature of circulator)

Please mail this form to:

Recall Wurch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2524

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jim Shaw</u>	<u>820 49th St</u> <u>53146 Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29</u>
2. <u>Jose Ginzler</u>	<u>8724 - 2nd Ave.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
3. <u>Joe Day</u>	<u>Pleasant County</u> <u>1531-45th Ave / Rt 53179</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
4. <u>Betsy Langrish</u>	<u>1531-45th Ave.</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>53144</u>	<u>3/29/11</u>
5. <u>Dulna Uphan</u>	<u>6623 - 30th Ave</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>53142</u>	<u>3/29/11</u>
6. <u>Sube Shub</u>	<u>7914-60th Ave</u> <u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>53142</u>	<u>3/29/11</u>
7. <u>Lalla Halomh</u>	<u>6620 - 50th Ave</u> <u>Kenosha 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
8. <u>Jose De La Rosa</u>	<u>1404 16th Ave</u> <u>Kenosha 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>53140</u>	<u>3/29/11</u>
9. <u>Peggy Kelley</u>	<u>3805 Northwestern Ave</u> <u>Racine, WI 53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>53405</u>	<u>3/29/11</u>
10. <u>Brenda Langbotts</u>	<u>23720 126th Place</u> <u>Trevor, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>53179</u>	<u>3/29/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 12th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

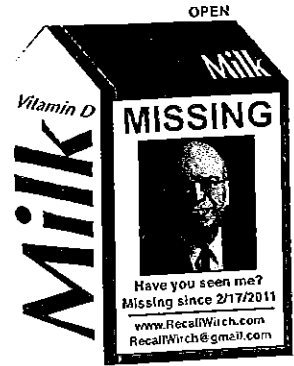
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>W. St. J. S.</u>	<u>4225 31 Avenue</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-2011</u>
2. <u>Wm. W. W.</u>	<u>2551 104th St.</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
3. <u>W. W. W.</u>	<u>3303 13th St Kenosha</u> <u>WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
4. <u>Abrieona Vinson</u>	<u>10805-24th Ave</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
5. <u>Jaime Smith</u>	<u>5118 16 Avenue</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
6. <u>Dorie Quen</u>	<u>4507 22nd Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
7. <u>Brad Bott</u>	<u>10516 55th Ave</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-29-11</u>
8. <u>Malquanette Jordan</u>	<u>5126 24th Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-29-11</u>
9. <u>Murray Barnes</u>	<u>6400 17th St</u> <u>Kenosha WI 53147</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
10. <u>Steve Esterline</u>	<u>3305 15th St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 129th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

Jonathan Megie  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2526

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Valerie Kelly</u>	<u>1800 8th Street #</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
2. <u>Bernard Bush</u>	<u>3405 33rd Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
3. <u>Brandon Wade</u>	<u>4835 44 Ct</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
4. <u>Latricia Morris</u>	<u>6003 55th</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
5. <u>Tom Rehliz</u>	<u>8101 47th Ct</u> <u>53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
6. <u>[Signature]</u>	<u>35829 90th Pl</u> <u>53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>3-29-11</u>
7. <u>[Signature]</u>	<u>4112 31st Ave</u> <u>Kenosha WI 53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-29-11</u>
8. <u>[Signature]</u>	<u>2010 Wishing Road</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
9. <u>John E. Yung</u>	<u>5800 3rd Ave</u> <u>APT: 307 5th St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-29-11</u>
10. <u>[Signature]</u>	<u>4705 36th Ave</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>

## Certification of Circulator

I, Jonathan Meade, certify:

I reside at 2125 NW 124th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2527

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Bruce Fenty</u>	<u>3721 34<sup>th</sup> St 53142</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/1/11</u>
2. <u>Colin Ray</u>	<u>376 801<sup>st</sup></u> <u>53142 Kenosha</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-1-11</u>
3. <u>[Signature]</u>	<u>5814 32<sup>nd</sup> Ave Kenosha</u> <u>WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/1/11</u>
4. <u>Michael Wroblewski</u>	<u>Silverlake 53120</u> <u>419 S Fourth St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4/1/11</u>
5. <u>Brian Zehn</u>	<u>Kenosha</u> <u>6118 3<sup>rd</sup> Ave 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/1/11</u>
6. <u>Vernon Horvath</u>	<u>Kenosha</u> <u>6925 3<sup>rd</sup> Ave 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-1-11</u>
7. <u>[Signature]</u>	<u>Kenosha</u> <u>6925 3<sup>rd</sup> Ave 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-1-11</u>
8. <u>[Signature]</u>	<u>2001 Alford Park Dr.</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-1-11</u>
9. <u>Lana Ottumell</u>	<u>2001 Alford Park Dr.</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-1-11</u>
<u>[Signature]</u>	<u>3528 7<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-1-11</u>

I, Jonathan Meale, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

4-1-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

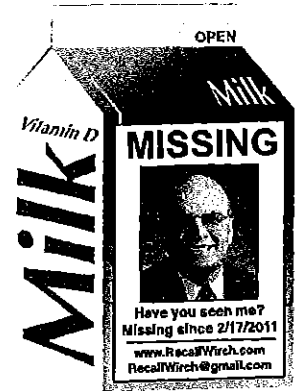
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ruth Beck</u>	<u>4906 19<sup>th</sup> AVE</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4/1/11</u>
	<u>53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
2. <u>Louise Williams</u>	<u>7919 60<sup>th</sup> AVE</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>53142</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
3. <u>Michael Fuchs</u>	<u>5712 14<sup>th</sup> AVE #4</u>	<input type="checkbox"/> Town <u>KENOSHA</u>	<u>4-1-11</u>
	<u>KENOSHA</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
4. <u>[Signature]</u>	<u>5044 14<sup>th</sup> AVE</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>Kenosha 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
5. <u>[Signature]</u>	<u>1620 53<sup>rd</sup> ST</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
6. <u>[Signature]</u>	<u>2020-55<sup>th</sup> ST</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
7. <u>Caroline Guni-Bado</u>	<u>8349-26 AVE</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>Kenosha, WI 53143</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
8. <u>[Signature]</u>	<u>1726-19 AVE</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>Kenosha 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
9. <u>Charlotte Shapiro</u>	<u>141 S Lakeshore Dr</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-1-11</u>
	<u>53401</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	
10. <u>Angela Lange</u>	<u>5134 21<sup>st</sup> Ave.</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4/1/11</u>
	<u>Kenosha 53140</u>	<input type="checkbox"/> Village	
		<input checked="" type="checkbox"/> City	

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2529

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

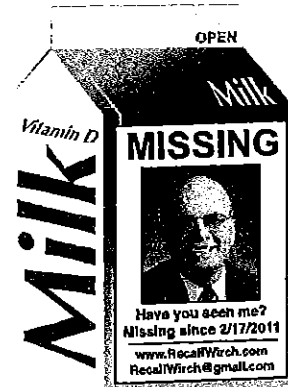
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Belle Knight</u>	<u>5901 21st Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
2. <u>Emily Mae</u>	<u>1828 Corbuck Ave</u> <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>4-2-11</u>
3. <u>Jeffrey J. Stephens</u>	<u>1746 15th St</u> <u>Kenosha 53405</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
4. <u>Alvin White</u>	<u>1878 22nd Ave</u> <u>4007 31st Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
5. <u>Caroline Coen</u>	<u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
6. <u>Dunkha H. Davis</u>	<u>1606 5th St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
7. <u>Tudor Hill</u>	<u>1009 43 St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>4-2-11</u>	<u>4-2-11</u>
8. <u>Susan Pasenk</u>	<u>2651 89th St</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
9. <u>Terry Foster</u> <u>TERRY FOSTER</u>	<u>2842 10th Ave</u> <u>Kenosha WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
10. <u>Jim Mac</u>	<u>231 N. Main</u> <u>Barron WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

Jonathan Megie  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

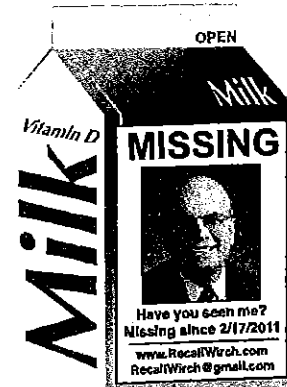
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1666 Birch Rd #104</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4.4.11</u>
2. <u>[Signature]</u>	<u>2001 Aford Park Drive</u> <u>53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
3. <u>[Signature]</u>	<u>4034 Washington Rd</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
4. <u>[Signature]</u>	<u>4320 8TH AVE</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
5. <u>[Signature]</u>	<u>2200 Pkce Hndol</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
6. <u>[Signature]</u>	<u>1603 87th ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
7. <u>[Signature]</u>	<u>4827 - 40th AVE</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
8. <u>[Signature]</u>	<u>2202 - 60st</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>[Signature]</u>	<u>32nd Ave</u> <u>Apt 7 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>[Signature]</u>	<u>4314 21st</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124th ST Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2531

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

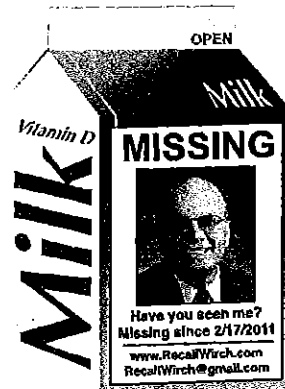
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Roberto Mason</u>	<u>5531-31<sup>st</sup> AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
2. <u>Hetherick Wood</u>	<u>53140</u> <u>1226 24<sup>th</sup></u> <u>52170</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
3. <u>Scott Miller</u>	<u>6311-24<sup>th</sup> AVE #1</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
4. <u>Ann Miller</u>	<u>9327 19<sup>th</sup> AVE</u> <u>73140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
5. <u>Angie Miller</u>	<u>4818 32<sup>nd</sup> AVE</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4-11</u>
6. <u>Melissa Williams</u>	<u>6322-24 AVE</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
7. <u>Melissa Williams</u>	<u>6322-24 AVE</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
8. <u>Robert Wirch</u>	<u>5227 13<sup>th</sup> AVE</u> <u>53180</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>Robert Wirch</u>	<u>104-2nd St</u> <u>53401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>Robert Wirch</u>	<u>3159 A S Howell Ave</u> <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>

I, Jonathan Megie **Certification of Circulator**

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167, certify:  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

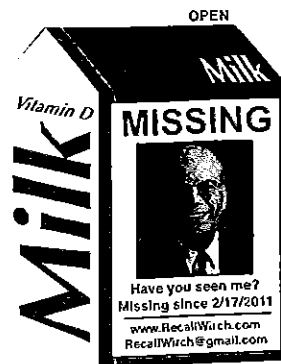
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>4428 17th Ave</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/3/11</u>
2. <u>[Signature]</u>	<u>2924 - 6th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
3. <u>[Signature]</u>	<u>4817 37 Ave</u> <u>Kenosha WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
4. <u>[Signature]</u>	<u>4056 7th Ave #1</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
5. <u>[Signature]</u>	<u>3504 - 87th St.</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
6. <u>[Signature]</u>	<u>1921 - 87th St</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
7. <u>[Signature]</u>	<u>1757 21st Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
8. <u>[Signature]</u>	<u>6330 Sheridan Rd</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>[Signature]</u>	<u>2747 15th Street</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>[Signature]</u>	<u>P.O. Box 1751</u> <u>Kenosha WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>

## Certification of Circulator

I, Jonathan Mege, certify:  
(name of circulator)  
I reside at 2125 N 124th St Midway #1 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2533

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

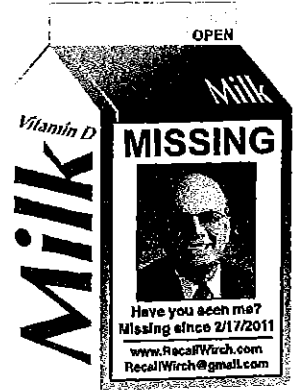
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jacqueline Burkett</u>	<u>4814-68th Street</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/6/11</u>
2. <u>[Signature]</u>	<u>23805 12th St</u> <u>Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Trevor</u>	<u>4/6/11</u>
3. <u>Daniel Larson</u>	<u>4812-68th ST KENOSHA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>53142</u>	<u>4-6-11</u>
4. <u>Maryann Donner</u>	<u>4624 36th Ave</u> <u>5414 58th Ave Apt 20</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
5. <u>[Signature]</u>	<u>8443 198th Ave</u> <u>Bristol, WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>4-6-11</u>
6. <u>Harold Gauth</u>	<u>4901 7th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
7. <u>Shane S. Quinn</u>	<u>6039 14th Ave</u> <u>53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
8. <u>Kathryn Miller</u>	<u>4336 33rd Ave</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
9. <u>[Signature]</u>	<u>1617 10th Street</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/6/11</u>

## Certification of Circulator

I, Jonathan Mejia, certify:

I reside at 2125 NW 12th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 4-6-11

(signature of circulator) [Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

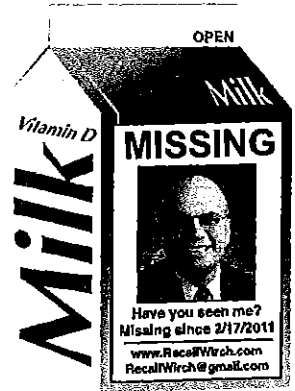
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>4019 Outer Loop Rd</u> <u>53144 Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
2. <u>[Signature]</u>	<u>4135 University Dr.</u> <u>53144 Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
3. <u>[Signature]</u>	<u>4135 University Dr.</u> <u>53144 Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
4. <u>[Signature]</u>	<u>453 Wood Rd</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
5. <u>[Signature]</u>	<u>4019 Outer Loop Rd</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
6. <u>[Signature]</u>	<u>4135 University Dr</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7/11</u>
7. <u>[Signature]</u>	<u>306 30th Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7/11</u>
8. <u>[Signature]</u>	<u>1619 24th Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
9. <u>[Signature]</u>	<u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
10. <u>[Signature]</u>	<u>Kenosha, WI</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

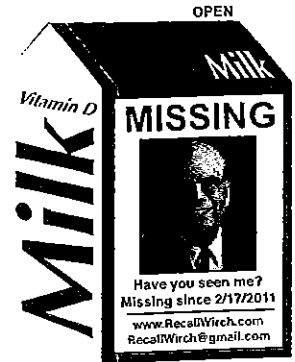
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Karen Kachner</u>	<u>3631-29th St</u> <u>W5144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
2. <u>Aurora R. St</u>	<u>999 Wood Road</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>K</u>	<u>3-31-11</u>
3. <u>Linda Zepnick</u>	<u>3119-14th Avenue</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
4. <u>Randy Johnson</u>	<u>1862-17th Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-31-11</u>
5. <u>William M. Jure</u>	<u>Kenosha WI 53140</u> <u>1862 17th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-31-11</u>
6. <u>Jeffrey Lewis</u>	<u>2801 23rd Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
7. <u>Ilizine</u>	<u>279 23rd St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
8. <u>Mary Foster</u>	<u>1832-23rd Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
9. <u>Annmaria Carver</u>	<u>4516 Sheridan Road</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
10. <u>Laurel L. Carver</u>	<u>2219 63rd St upper</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11  
(date)

J Megie  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2536



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Dana T. Palmu</u>	<u>1902-22<sup>nd</sup> Street</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
2. <u>Cole Grobendson</u>	<u>52200 45<sup>th</sup> St</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
3. <u>Jennifer Harkness</u>	<u>1409 30<sup>th</sup> AVE #103</u> <u>Kenosha, WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
4. <u>Garry Cochran</u>	<u>5619 6TH AVE.</u> <u>KENOSHA, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
5. <u>J. Paluch</u>	<u>5514 109<sup>th</sup> PL</u> <u>TERUPA WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
6. <u>K. Erickson</u>	<u>1900 18 Ave Upper</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
7. <u>Z. Shonk</u>	<u>6017 55<sup>th</sup> Street Apt#201</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
8. <u>L. Mayer</u>	<u>3418 59<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
9. <u>Jennifer Sobey</u>	<u>1118 Hayes Ave</u> <u>Macune WI 53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
10. <u>Phil C. Shum</u>	<u>9780 276<sup>th</sup> AVE</u> <u>TILVER WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>

## Certification of Circulator

I, Jonathan Meigs, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

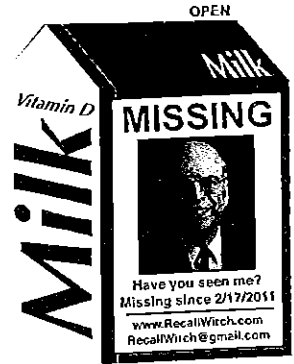
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Pilcarud Aguirre</u>	<u>Kenosha</u> <u>5080 37<sup>th</sup> AV 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
2. <u>Mazur</u>	<u>Kenosha</u> <u>1914 Lasalle St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
3. <u>P</u>	<u>Kenosha</u> <u>10100 51<sup>st</sup> 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
4. <u>Mike Mohr</u>	<u>Kenosha</u> <u>11109 79<sup>th</sup> St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
5. <u>Ben Bennett</u>	<u>Kenosha</u> <u>503 61<sup>st</sup></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
6. <u>Jose Estrada</u>	<u>Kenosha</u> <u>5901 55<sup>th</sup> St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
7. <u>John Erving</u>	<u>Kenosha</u> <u>10922 75<sup>th</sup></u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
8. <u>Jeff Groleau</u>	<u>Kenosha</u> <u>3711 22<sup>nd</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
9. <u>Jesse Groleau</u>	<u>Kenosha</u> <u>3711 22<sup>nd</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
10. <u>Kenneth Brown</u>	<u>Kenosha</u> <u>Box 9723-276 Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2538

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

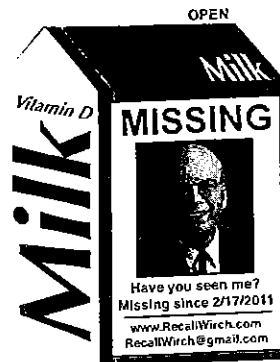
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1004 38<sup>th</sup> St Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>03/29/11</u>
2. <u>James Cunningham</u>	<u>4203 29<sup>th</sup> Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
3. <u>George Pelen</u>	<u>5710 60<sup>th</sup> St Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
4. <u>[Signature]</u>	<u>7529 Ranchy Blw. Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
5. <u>[Signature]</u>	<u>7849 Greenbay Rd Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
6. <u>[Signature]</u>	<u>3140 17<sup>th</sup> Ave Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
7. <u>[Signature]</u>	<u>8532 39<sup>th</sup> Ave Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
8. <u>[Signature]</u>	<u>1250 13<sup>th</sup> Ave Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
9. <u>[Signature]</u>	<u>6111-13<sup>th</sup> Ave Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
10. <u>[Signature]</u>	<u>939 King Dr Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>

## Certification of Circulator

I, Jonathan Meale, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2539

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Lorraine Russell</u>	<u>3133 Conrad Drive</u> <u>53404</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>03/29/11</u>
2. <u>Bernard Bush</u> <u>Bernard Bush</u>	<u>1929-55<sup>th</sup> Street</u> <u>Kenosha, WI 53140</u> <u>18007-60<sup>th</sup> St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/29/11</u>
<u>Sinda Eklund</u>	<u>815-401, WI 53104</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>03-29-11</u>
4. <u>Kechia Vaddy</u>	<u>4705 36<sup>th</sup> Ave S</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>03-29-11</u>
5. <u>Vyly 15</u>	<u>16618 15<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
6. <u>[Signature]</u>	<u>4217 30 Ave</u> <u>Kenosha 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
7. <u>Joe Ehl</u>	<u>20707 82nd St</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
8. <u>Emil L. Otter</u>	<u>11802 28<sup>th</sup> Ave</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
9. <u>[Signature]</u>	<u>4127 24<sup>th</sup> Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-29-11</u>
10. <u>Reeci Wagner</u>	<u>11322 61 Ave</u> <u>Pleasant Prairie WI 53198</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3-29-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Travis Abomb</u>	<u>6620 - 50th Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha 53142</u>	<u>3/29/11</u>
2. <u>Melinda Miliano</u>	<u>Kenosha 53142</u> <u>3117 75<sup>th</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/29/11</u>
3. <u>Sam Modder</u>	<u>202 E Maple St</u> <u>Silver Lake WI 53170</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Lake</u>	<u>3/29/11</u>
4. <u>Rafael Igueras</u>	<u>8330 22<sup>nd</sup> Ave.</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>3-29-11</u>
5. <u>Lydia Diaz</u>	<u>53142</u> <u>8330 22<sup>nd</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3-29-11</u>
6. <u>Yana Kaban</u>	<u>1703 - 60<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>3-29-11</u>
7. <u>Bill Kerk</u>	<u>8102 - 4<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3-29-11</u>
8. <u>Dominic Greco</u>	<u>5416 46<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>29/3/11</u>
9. <u>Meredith Whitlock</u>	<u>5615 47<sup>th</sup> Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3/29/11</u>
10. <u>Kathy Muzyszek</u>	<u>6170 30<sup>th</sup> Ave #606</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>3/29/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2541

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

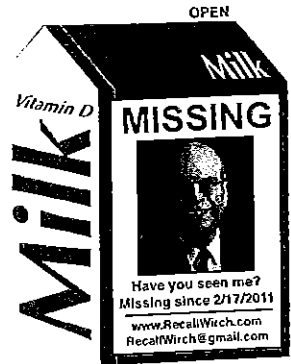
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jenny Riccio</u>	<u>8102-48<sup>th</sup> Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>March 29 2011</u>
2. <u>[Signature]</u>	<u>10401 Cooper</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>P. Prairie</u> <input type="checkbox"/> City	<u>3/29/2011</u>
3. <u>[Signature]</u>	<u>6111 47<sup>th</sup> Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3-29-11</u>
4. <u>Mitchell Kray</u>	<u>4223 98<sup>th</sup> Place</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3-29-11</u>
5. <u>[Signature]</u>	<u>8450 82<sup>nd</sup> St Apt 308</u> <u>Pleasant Prairie WI 53158</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
6. <u>Candice Auerhahn</u>	<u>1607 87<sup>th</sup> WI Kenosha</u> <u>53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/29/11</u>
7. <u>Tamara Gode</u>	<u>Pleasant Prairie</u> <u>5231 83<sup>rd</sup> St 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
8. <u>Gloria Kelle</u>	<u>5315 104<sup>th</sup> Street</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
9. <u>Brandon N. [Signature]</u>	<u>8517 COOPER Rd</u> <u>Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>53158</u>	<u>3-29-11</u>
10. <u>Mickly KEST</u>	<u>3509 71st St.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>53142</u>	<u>3/29/11</u>

## Certification of Circulator

I, Jonathan Meier, certify:

I reside at 2125 NW 92<sup>nd</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2542

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

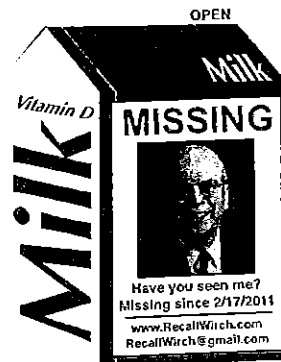
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Heather Hill	8015-48th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
2. Austin Collins	8015-48th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
3. Julie Bevard	Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-29-11
4. Maria Volakis	4442 24th Ave Kenosha 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
5. MARISSA	10912 82nd 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
6. Aaron J. Grimmer	Kenosha WI 53143 6736 14th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
7. JIMMY SUTHERLAND	11322-11st Ave Pleasant Prairie WI 53158	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
8. Engelbert Munger	2744-84th St Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
9. Junior Alvarado	6106 11th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
10. Chris Lee	2121-25th St Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11

## Certification of Circulator

I, Jonathan Mege, certify:

I reside at 2125 NW 12th St Miami FL 33147  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11  
(date)

Jonathan Mege  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2543

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

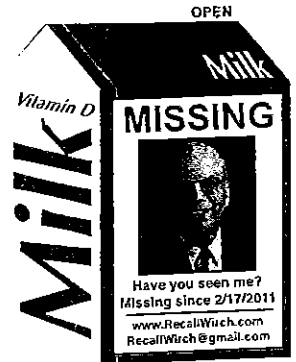
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Loraine Nathanson</u>	<u>702 Sheridan Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
2. <u>Tim Sulisney</u>	<u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
3. <u>Chris Smith</u>	<u>7901 46th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
4. <u>Kenosha WI 53142</u>	<u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
5. <u>Roland Gregory</u>	<u>400 2nd Ave 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
6. <u>Adam</u>	<u>4121 86 St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
7. <u>Mike Jones</u>	<u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
8. <u>Ernie &amp; Rugman</u>	<u>8330 63rd Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
9. <u>Steve</u>	<u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
10. <u>Victor</u>	<u>1934 5th Ave Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
	<u>WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
	<u>2808 10th St Pleasant</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
	<u>Pf. WI 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
	<u>8714 34th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
	<u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
	<u>10833 24th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
	<u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
	<u>8323 49th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
	<u>KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2544



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>759 1/2th</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
2. <u>[Signature]</u>	<u>7825 21st Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
3. <u>[Signature]</u>	<u>6700 21st AVE</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
4. <u>[Signature]</u>	<u>3100 85th St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3-30-11</u>
5. <u>[Signature]</u>	<u>808 Lakeshore Dr</u> <u>Pleasant Prairie WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
6. <u>[Signature]</u>	<u>4215 1/2th Ave</u> <u>Kenosha, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
7. <u>[Signature]</u>	<u>5211 52nd St</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3-30-11</u>
8. <u>[Signature]</u>	<u>23821 125th St</u> <u>Trevor WI 53179</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha Trevor</u>	<u>3-30-11</u>
9. <u>[Signature]</u>	<u>6102 34th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
10. <u>[Signature]</u>	<u>1812 87th Pl.</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHAA</u>	<u>3-30-11</u>

## Certification of Circulator

I, Jonathan Meagle, certify:  
(name of circulator)  
I reside at 2125 NW 124th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2545

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1108 5th St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha 53140</u>	<u>3-30-11</u>
2. <u>[Signature]</u>	<u>1902 89th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha 53143</u>	<u>3/30/11</u>
3. <u>[Signature]</u>	<u>3615 53rd Avenue</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha 53144</u>	<u>3/30/11</u>
4. <u>[Signature]</u>	<u>9520 - 85th St #116</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha 53148</u>	<u>3/30/11</u>
5. <u>[Signature]</u>	<u>1622 18th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha 53143</u>	<u>3/30/11</u>
6. <u>[Signature]</u>	<u>262-818-99-01</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI 4624-37-Ave</u>	<u>3-30-11</u>
7. <u>[Signature]</u>	<u>3913 Prairie Village Dr</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
8. <u>[Signature]</u>	<u>4102 36th Ave Apt 4</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
9. <u>[Signature]</u>	<u>2215-28th Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/30/2011</u>
10. <u>[Signature]</u>	<u>3100 85th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>3/30/11</u>

1. Jonathan Megie Certification of Circulator  
(name of circulator)  
I reside at 2125 NW 124th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-30-11 (date) [Signature] (signature of circulator)

Please mail this form to: Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

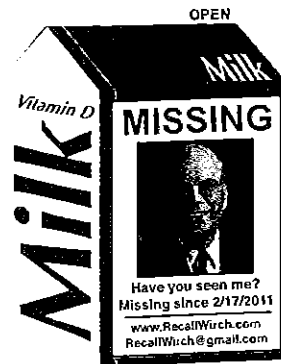
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Theresa Moore</u>	<u>6235 7th Ave</u> <u>H 109 S3143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
2. <u>Quinn Conrad</u>	<u>8827 41st Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
3. <u>Richard B. Skidmore</u>	<u>4303 75th St #37</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>30 MAR 2011</u>
4. <u>Vince Petrash</u>	<u>Kenosha WI 53158</u> <u>104 IS 24th</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
5. <u>Cary Welch</u>	<u>Kenosha WI 53142</u> <u>7112 38th Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
6. <u>Keremek Williams</u>	<u>3117 75th</u> <u>3 Kenosha 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
7. <u>Sharon Cox</u>	<u>10226 34th Ave</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>53158</u>	<u>3/30/11</u>
8. <u>James R. Ruff</u>	<u>3702 85th St</u> <u>APT. 6 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
9. <u>Maureen S.</u>	<u>1108 38th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA 53146</u>	<u>3-30-11</u>
10. <u>Debbie Cooper</u>	<u>5722-33 AVE.</u> <u>KENOSHA, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>03-30-2011</u>

I, Jonathan Mege, certify:

I reside at 2125 NW 124th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11  
(date)

Mege  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

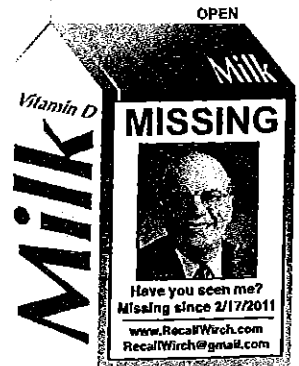
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Terrence Zeman</u>	<u>5614 16th Ave</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
2. <u>Robert Shivers</u>	<u>2428 75th St</u> <u>53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
3. <u>Kathy Jeff</u>	<u>4727 19 Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3-30-11</u>
4. <u>Jose U. Pineda</u>	<u>4819 Harding Rd.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3-30-11</u>
5. <u>Jim Waples</u>	<u>8628-56 Ave</u> <u>53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3-30-11</u>
6. <u>John K...</u>	<u>8314 27th Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
7. <u>Margaret Macinn</u>	<u>6720 38th Ave</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>
8. <u>Scott Shivers</u>	<u>3423-85th St</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
9. <u>Kurt Spitzer</u>	<u>8825-41st Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
10. <u>Chris Roosmann</u>	<u>194026th Ave</u> <u>Kenosha 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/30/11</u>

I, Jonathan Regie, certify:  
I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

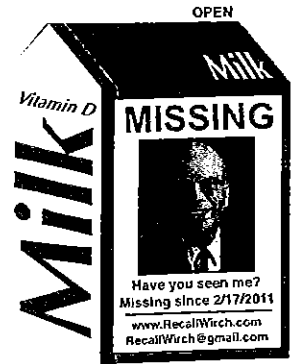
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Cotessa Banks</u>	<u>1526 17<sup>th</sup> Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
2. <u>Cynthia Jones</u>	<u>12307 41<sup>st</sup> Ave</u> <u>Pleasant Prairie WI 53158</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
3. <u>Andrew Mieslein</u>	<u>910 85<sup>th</sup> St Apt 116 Kenosha</u> <u>WI, 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
4. <u>Erin</u>	<u>26905 9<sup>th</sup> Street</u> <u>Frederic WI 53117</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
5. <u>K. Dove</u>	<u>26905 8<sup>th</sup> St</u> <u>Trevor WI 53179</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
6. <u>M. Snower</u>	<u>4624 Harding Rd</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
7. <u>Man Bui</u>	<u>10956 14<sup>th</sup> Ct</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>53158</u>	<u>3-30-11</u>
8. <u>Alexis Burkholder</u>	<u>10956 14<sup>th</sup> Ct</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>53158</u>	<u>3-30-11</u>
9. <u>Nathaniel</u>	<u>4715 63<sup>rd</sup> Ave.</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
10. <u>D. J.</u>	<u>1209 58<sup>th</sup> Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>53142</u>	<u>3-30-11</u>

I, Jonathan Meade **Certification of Circulator** certify:  
(name of circulator)  
I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11

(date)

[Signature]

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2519

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

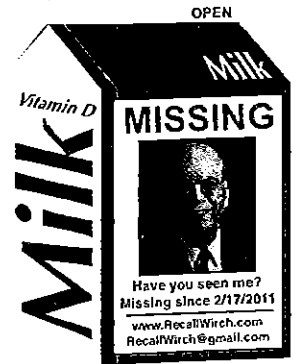
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Julian Garcia</u>	<u>6209 58<sup>th</sup> Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
2. <u>Gregory Anderson</u>	<u>5227 13<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
3. <u>Tony Garcia</u>	<u>3421 63<sup>rd</sup></u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
4. <u>Don Smith</u>	<u>1802 Dime Blvd</u> <u>Racine WI 53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
5. <u>Wendy Bern</u>	<u>5226 43<sup>rd</sup> Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/30/11</u>
6. <u>Kevin Joty</u>	<u>1361 54<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
7. <u>Michael Shan</u>	<u>4712 68<sup>th</sup> Street</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
8. <u>John Beyer</u>	<u>6806 35<sup>th</sup> Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
9. <u>Paul J. J. J.</u>	<u>8101 Buckingham Dr</u> <u>53177 Racine, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
10. <u>Sharon Wilkos</u>	<u>2118 9<sup>th</sup> Street</u> <u>Barnevillle W.I. 53531</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>

## Certification of Circulator

I, Jonathan Megre, certify:

I reside at 2125 NW 12<sup>th</sup> St Miami FL 33147  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-30-11  
(date)

Jonathan Megre  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>2005 45<sup>th</sup> St</u> <u>53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
2. <u>[Signature]</u>	<u>2717 70<sup>th</sup> St</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
3. <u>[Signature]</u>	<u>5339 55<sup>th</sup> Ave</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u>	<u>4-2-11</u>
4. <u>[Signature]</u>	<u>2019 57<sup>th</sup> St</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
5. <u>[Signature]</u>	<u>5505 6<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4-2-11</u>
6. <u>[Signature]</u>	<u>909 48<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-2-11</u>
7. <u>[Signature]</u>	<u>1015 58<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>5522 49<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>4-2-11</u>
9. <u>[Signature]</u>	<u>1421 60<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-2-11</u>
10. <u>[Signature]</u>	<u>661 D St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Mege, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2551

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

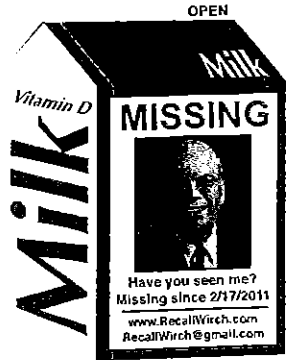
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
	5318 Ave Kenosha WI 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-2-11
	5510 6th Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.	4413 - 26th St 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
5.	4636 13th Ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
6.	9002 Sheridan Rd #90 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
7.	53144 42010 3rd 1 Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
8.	6622 - 22nd Ave. Kenosha 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
9.	5002 29th Ave Kenosha 53141	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
10.	6622 28 Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11

## Certification of Circulator

I, Jonathan Mege, certify:

I reside at 2125 NW 124th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2552



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

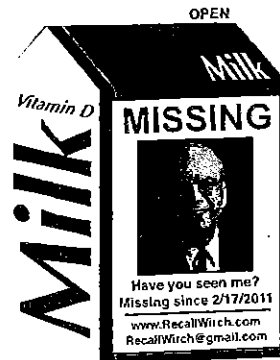
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>4710 37th Ave 53149</u>	<input type="checkbox"/> Town <u>Kenosha, WI</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
2. <u>[Signature]</u>	<u>4305 7th Ave 53140</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
3. <u>[Signature]</u>	<u>1615 50th St 53140</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
4. <u>[Signature]</u>	<u>2410 61st 53143</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
5. <u>[Signature]</u>	<u>2009 53rd 53140</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
6. <u>[Signature]</u>	<u>6803 93rd Ave 53142</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
7. <u>[Signature]</u>	<u>3326 22nd Ave 53140</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>6818 53rd St 53144</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
9. <u>[Signature]</u>	<u>1845 22nd Ave 53140</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
10. <u>[Signature]</u>	<u>1125 Lewis St 53404</u>	<input type="checkbox"/> Town <u>Shoreline</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Mege, certify:

I reside at 2125 NW 124th St - Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

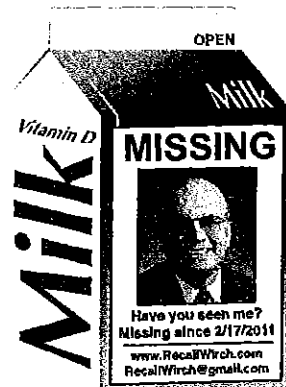
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Dorey Andrews</u>	<u>53140</u> <u>5800 3rd Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
2. <u>Harold Zg mndr</u>	<u>5711-65 st</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
3. <u>Kimberly Williams</u>	<u>5211 11th Ave</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
4. <u>Ally Hays</u>	<u>WI 53140</u> <u>4026 SHERIDAN Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4-2-11</u>
5. <u>Ely Hays</u>	<u>6608 42 Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4-2-11</u>
6. <u>P. Jones</u>	<u>1523 SHERIDAN</u> <u>KENOSHA, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4-2-11</u>
7. <u>Dorey Paig</u> <u>GARY PIEN</u>	<u>1505 56th St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
8. <u>Ketur Campbell</u>	<u>1011 52nd St.</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
9. <u>Reta Williams</u>	<u>4110 31th Ave</u> <u>53141</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
10. <u>Jayda Ortiz</u>	<u>1927 57th St.</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)

I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170  
www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

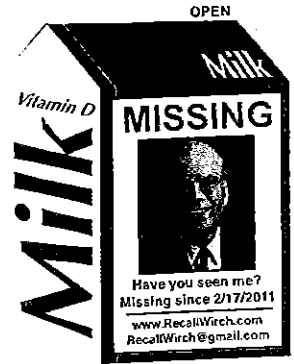
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>2105 80<sup>th</sup> Street apt 6</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/2/2011</u>
2. <u>[Signature]</u>	<u>911-45<sup>th</sup> St Upper</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
3. <u>[Signature]</u>	<u>3408 94<sup>th</sup> St</u> <u>53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-2-11</u>
4. <u>[Signature]</u>	<u>11905 Old Green Bay Rd.</u> <u>53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Pr.</u>	<u>4/2/11</u>
5. <u>[Signature]</u>	<u>8243 Sheridan</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
6. <u>[Signature]</u>	<u>9912 80<sup>th</sup> Ave</u> <u>Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Pr</u>	<u>4-2-11</u>
7. <u>[Signature]</u>	<u>1387 30<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>5703 51<sup>st</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/2/11</u>
9. <u>[Signature]</u>	<u>1512 34<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/02/11</u>
10. <u>[Signature]</u>	<u>5227 41<sup>st</sup> Ave</u> <u>Kenosha 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2555

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirth 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	8302-23 <sup>rd</sup> Ave 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
2. <i>Shirley S. Laskowski</i>	5710-20 Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
3. <i>Lataasha Knight</i>	5121 21st Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
4. <i>Mike Wilkerson</i>	5718 - 57th 5740	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11
5. <i>Terri Dornan</i>	9433 71st St 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
6. <i>[Signature]</i>	KAS 6 Ave Apt 15 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
7. <i>[Signature]</i>	53140 2211 16th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
8. <i>[Signature]</i>	5618-40th Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
9. <i>[Signature]</i>	704 Sherman Rd Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/2/11
10. <i>[Signature]</i>	612 44th St KENOSHIA WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-2-11

## Certification of Circulator

I, Jonathan Meje, certify:

(name of circulator)

I reside at 2125 NW 124th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirth

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2536

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

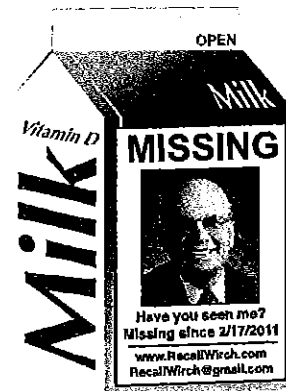
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Lechla Munson</u>	<u>1812 13<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-2-11</u> <u>53140</u>
2. <u>Alexia Munson</u>	<u>1812 13<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-2-11</u>
3. <u>Erica Munson</u>	<u>2432 12 Ave</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
4. <u>Erica</u>	<u>4521 17 Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
5. <u>Brenda</u>	<u>4824 36 Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
6. <u>[Signature]</u>	<u>2432 12<sup>th</sup> St</u> <u>53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
7. <u>Donet Ryzuto</u>	<u>1023 44 St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>6800 24<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
9. <u>Michelle Ryzuto</u>	<u>1235 59<sup>th</sup> St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
10. <u>Darnell Buntyn</u>	<u>4007-28 Ave #47</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-2-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is provided by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. 608-266-8005, <http://gab.wis.gov>, email: [gab@wis.gov](mailto:gab@wis.gov)

P.O. Box 26 • Silver Lake, WI 53170

[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

Page No.

2557

# RECALL PETITION

Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

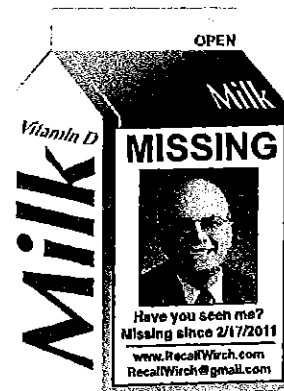
We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)  
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Eugene Johnson</u>	<u>4013 31<sup>st</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
2. <u>Mark Haines</u>	<u>4615 37<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
3. <u>John Barrow</u>	<u>2219 29<sup>th</sup> St</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
4. <u>John Guelle</u>	<u>5500 41<sup>st</sup> Ave</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
5. <u>Julian Cruz</u>	<u>6612 30<sup>th</sup> Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
6. <u>Just T. Hines</u>	<u>2105 2nd Place</u> <u>53140</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
7. <u>Richard Holland</u>	<u>Kenosha WI</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
8. <u>Jerry Butterfield</u>	<u>1405-35<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/2/11</u>
9. <u>Marina Sobere</u>	<u>Kenosha WI</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>
10. <u>John F. Petter</u>	<u>2318-55<sup>th</sup> Street</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-2-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 12<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 2538

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

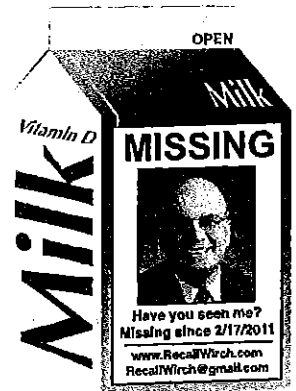
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Dennis Kohn</u>	<u>1503 56<sup>th</sup> St</u> <u>Kenosha WI 53141</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
2. <u>George D. Inc. D.</u>	<u>3501 22<sup>nd</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
3. <u>Dale M. Kyrning</u>	<u>3011 25<sup>th</sup> St</u> <u>53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4-4-11</u>
4. <u>David D. Kohn</u>	<u>1008-46<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
5. <u>Cheryl</u>	<u>53142</u> <u>5256 1474 30<sup>th</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
6. <u>Alyssa</u>	<u>5210 64<sup>th</sup> Ave #3</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
7. <u>Patty Castello</u>	<u>1616 55<sup>th</sup> Pl</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
8. <u>Wm</u>	<u>1805 45<sup>th</sup> St</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>Ann Rogers</u>	<u>3515 10<sup>th</sup> St</u> <u>Kenosha 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>Eric Anderson</u>	<u>4806 18<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>

I, Jonathan Megie **Certification of Circulator**

(name of circulator) certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>873 49<sup>th</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/4/11</u>
2. <u>[Signature]</u>	<u>5302 6<sup>th</sup> St.</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA</u> <input type="checkbox"/> City	<u>4/4/11</u>
3. <u>[Signature]</u>	<u>4509 24<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>KENOSHA</u> <input type="checkbox"/> City	<u>4-4-11</u>
4. <u>[Signature]</u>	<u>2230 2<sup>nd</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>4-4-11</u>
5. <u>[Signature]</u>	<u>4518 80<sup>th</sup> St</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>4-4-11</u>
6. <u>[Signature]</u>	<u>1601 S3 S1</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
7. <u>[Signature]</u>	<u>817 26 2<sup>nd</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
8. <u>[Signature]</u>	<u>4703 Sheridan</u> <u>Art 1 NW Kenosha WI</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>[Signature]</u>	<u>6311 24<sup>th</sup> Ave Kenosha WI</u> <u>4818 3<sup>rd</sup> Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>[Signature]</u>	<u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>

## Certification of Circulator

1. Jonathan Megie certify:  
(name of circulator)  
I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2500



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

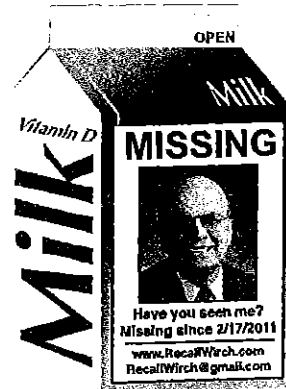
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>6311 24<sup>th</sup> AVE #2</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
2. <u>[Signature]</u>	<u>1725 Atholton Ave</u> <u><del>Kenosha</del> WI 53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
3. <u>[Signature]</u>	<u>5005-17<sup>th</sup> AVE</u> <u>Bristol WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paris</u>	<u>4-4-11</u>
4. <u>[Signature]</u>	<u>801-64<sup>th</sup> St</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
5. <u>[Signature]</u>	<u>Kenosha WI 53143</u> <u>6608 5<sup>th</sup> AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
6. <u>[Signature]</u>	<u>6328 11<sup>th</sup></u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
7. <u>[Signature]</u>	<u>4832 16<sup>th</sup> AVE</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
8. <u>[Signature]</u>	<u>5224 58<sup>th</sup></u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
9. <u>[Signature]</u>	<u>4220 30<sup>th</sup></u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
10. <u>[Signature]</u>	<u>4220 30<sup>th</sup></u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>

I, Jonathan Megie **Certification of Circulator**

(name of circulator) certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

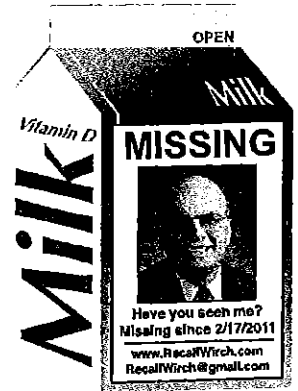
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>47<sup>th</sup> Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
2. <u>[Signature]</u>	<u>4115 52nd Ave</u> <u>52nd Ave 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
3. <u>[Signature]</u>	<u>2210 Roosevelt Rd.</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha, WI</u>	<u>4-4-11</u>
4. <u>[Signature]</u>	<u>5609 32 Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-4-11</u>
5. <u>[Signature]</u>	<u>5609 32 AVE</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha WI</u>	<u>4-4-11</u>
6. <u>[Signature]</u>	<u>915 49th St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
7. <u>[Signature]</u>	<u>7801 28th Ave</u> <u>53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PURASANT</u> <u>RAVIA</u>	<u>4-4-11</u>
8. <u>[Signature]</u>	<u>527 42nd Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>[Signature]</u>	<u>6506 17 Ave</u> <u>Kenosha WI 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>[Signature]</u>	<u>7010 57 Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

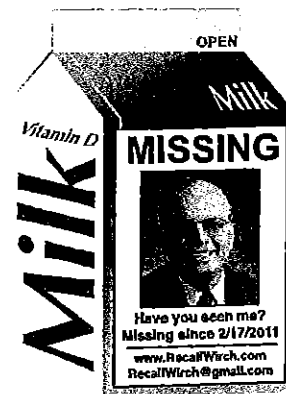
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Bridget Tye</u>	<u>53143</u> <u>4619 525<sup>th</sup></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
2. <u>Alonius Bryant</u>	<u>4829 17<sup>th</sup></u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
3. <u>Barbara Borell</u>	<u>53140</u> <u>7600 60<sup>th</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
4. <u>Carol Schumb</u>	<u>53140</u> <u>6012 2<sup>nd</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
5. <u>Pat Amund</u>	<u>53140</u> <u>1700 - 72<sup>nd</sup> St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
6. <u>Ashley Smeal</u>	<u>53143</u> <u>7140</u> <u>4602 30<sup>th</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
7. <u>Wally</u>	<u>1416 30<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
8. <u>James Lee</u>	<u>4814 52<sup>nd</sup> St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
9. <u>Rosend. Mar</u>	<u>53140</u> <u>42504 31<sup>st</sup> Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
10. <u>Angela Trivedi</u>	<u>5005-172<sup>nd</sup> Ave.</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paris</u>	<u>4-4-11</u>

## Certification of Circulator

I, Jonathan Meagle, certify:  
(name of circulator)  
I reside at 2125 NW 424<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2563

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

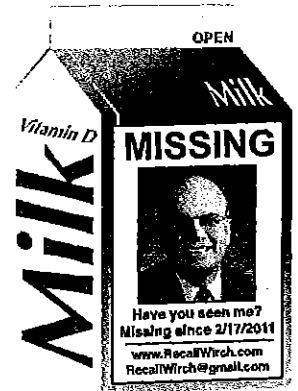
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	8301 52nd St Kenosha WI 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-4-11
2.	4420 W 18th Ave 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-4-11
3.	1874 22nd Ave Apt 412	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-4-11
4.	1130 6th St 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/4/11
5.	8005 60th Ave 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/4/11
6.	558 11th St 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-4-11
7.	817 46th St 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-4-11
8.	6905 14th Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-4-11
9.	1614 52nd Ave 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-4-11
10.	2925 29th Ave 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-4-11

I, Jonathan Megie, **Certification of Circulator**

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2564

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

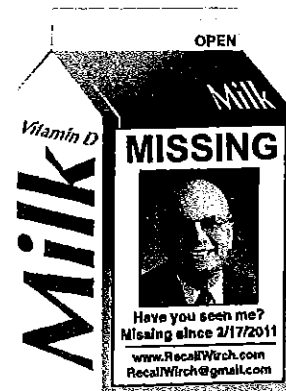
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Abigail Pograsa</u>	<u>5207 13th Ave Apt 1311</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/4/11</u>
2. <u>Bruce Pograsa</u>	<u>5207 13th Ave #1311</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
3. <u>Arturo Ramirez</u>	<u>6038 18 AVE</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
4. <u>B. Callender</u>	<u>6928-13 Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
5. <u>J. Kaley</u>	<u>1433-88th Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
6. <u>Margaret Bennett</u>	<u>1411-30th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
7. <u>Nancy Wilson</u>	<u>5721 42nd Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-4-11</u>
8. <u>Josie Green</u>	<u>4611 8th Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4.4.11</u>
9. <u>Alvaro Olvera</u>	<u>827 49th street</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4.4.11</u>
10. <u>Wendy Boul</u>	<u>5002-76 St</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-4-11</u>

Jonathan Megie Certification of Circulator

(name of circulator)

, certify:

I reside at 2125 NW 124th St - Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>4724-41st St.</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/25/11</u>
2. <u>[Signature]</u>	<u>6319 94th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
3. <u>[Signature]</u>	<u>6319 94th Ave</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/28</u>
4. <u>[Signature]</u>	<u>1421-24th Ave</u> <u>Kenosha WI 53148</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
5. <u>[Signature]</u>	<u>11515 Burlington Rd</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
6. <u>[Signature]</u>	<u>5215-58th Ave #5</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
7. <u>[Signature]</u>	<u>514 66th St</u> <u>Kenosha WI 53148</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
8. <u>[Signature]</u>	<u>724 Sheridan Rd #101</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
9. <u>[Signature]</u>	<u>Kenosha WI 53142</u> <u>5007 67th St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>
10. <u>[Signature]</u>	<u>5469 51st St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/28/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 N.W. 24th St. Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-28-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2566

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, <http://gab.wi.gov>, email: [gab@wi.gov](mailto:gab@wi.gov)

[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>30906 114 St</u> <u>WILMOT, WI 53192</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wilmot</u>	<u>3-25-11</u>
2. <u>[Signature]</u>	<u>700 25th Ave</u> <u>BURLINGTON, WI 53105</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-25-11</u>
3. <u>Alex Peddicelli</u>	<u>6416 237th Ave</u> <u>Peddicelli, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Peddicelli</u>	<u>3/25/11</u>
4. <u>Juniter Becker</u>	<u>2242 Dumas Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blomfield</u>	<u>3/25/11</u>
5. <u>Brian Becker</u>	<u>112442 Dumas Dr</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blomfield</u>	<u>3/25/11</u>
6. <u>Deb Lebbin</u>	<u>10816 64th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-25-11</u>
7. <u>Maura [Signature]</u>	<u>26201 W 15th St</u> <u>Salem WI 53168</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Salem</u>	<u>3-25-11</u>
8. <u>[Signature]</u>	<u>10 MB 55th St</u> <u>Kenosha WI 53159</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-25-11</u>
9. <u>[Signature]</u>	<u>3201 S. Bismarck Ave</u> <u>Kenosha, WI 53139</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-25-11</u>
10. <u>[Signature]</u>	<u>19920-93rd St</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-25-11</u>

## Certification of Circulator

I, Jonathan Mege, certify:

I reside at 2125 NW 12th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-28-11  
(date)

Jonathan Mege  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2567

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

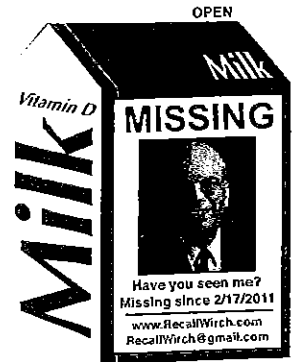
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jenny McEntee</u>	<u>2001 Alford Park Dr. W</u> <u>Kenosha WI 53140 Box 1138</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31-11</u>
2. <u>Doug Schrank</u>	<u>2001 Alford Park Dr.</u> <u>Kenosha, WI 53140 Box 1411</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
3. <u>Tim Riding</u>	<u>2001 Alford Park Dr. 477</u> <u>Kenosha WI 53140 Box 88</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Melrose Park</u>	<u>3/31/11</u>
4. <u>Jess Jerg</u>	<u>2001 Alford Park Dr.</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
5. <u>Joey Piant</u>	<u>4104 Wash Rd</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
6. <u>Laura P. Pantea</u>	<u>8400 10<sup>th</sup> pl.</u> <u>53171</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-31-11</u>
7. <u>Ellen Bouchard</u>	<u>1860 27<sup>th</sup> Ave</u> <u>X 53170</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
8. <u>Cathy Paulson</u>	<u>3303 15<sup>th</sup> St apt 1C</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
9. <u>Steve Lind</u>	<u>1534 30<sup>th</sup> Avenue</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
10. <u>Martha Oley</u>	<u>53140</u> <u>2580-18 St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 12<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

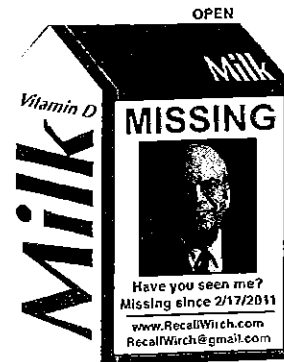
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>2001 Alford Park Dr</u> <u>South 377, 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
2. <u>Kati Pedersen</u>	<u>2001 Alford Park Dr</u> <u>Mad. 1195 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
3. <u>Amy Matoske</u>	<u>4611-30 St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> <u>53144</u>	<u>3/31/11</u>
4. <u>[Signature]</u>	<u>559 Wood Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> <u>53144</u>	<u>3/31/11</u>
5. <u>Charles Tolmek</u>	<u>3303-23</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
6. <u>[Signature]</u>	<u>1708 25 St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
7. <u>Emmie McAnan</u>	<u>953 Wood Rd Apt 201</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
8. <u>[Signature]</u>	<u>3634 25th St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
9. <u>[Signature]</u>	<u>2512 71 St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
10. <u>[Signature]</u>	<u>2614-30th St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>

I, Jonathan Meale, certify:  
(name of circulator)  
I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2569

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

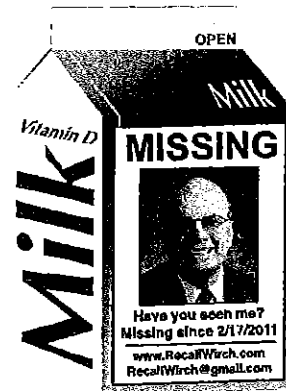
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1791 - 19<sup>th</sup> Ave.</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
2. <u>[Signature]</u>	<u>2517 17<sup>th</sup> Pl</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
3. <u>[Signature]</u>	<u>53140</u> <u>2001 Alford Park Dr #1226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
4. <u>[Signature]</u>	<u>51409-30<sup>th</sup> Ave Apt</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
5. <u>[Signature]</u>	<u>612-15<sup>th</sup> Pl. #21C</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
6. <u>[Signature]</u>	<u>2520 11<sup>th</sup> Place</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
7. <u>[Signature]</u>	<u>1107 86<sup>th</sup> Ave</u> <u>Kenosha 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
8. <u>[Signature]</u>	<u>2002-26<sup>th</sup> Street</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>
9. <u>[Signature]</u>	<u>Kenosha,</u> <u>3324 5<sup>th</sup> 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
10. <u>[Signature]</u>	<u>1870 22<sup>nd</sup> Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-31-11</u>

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

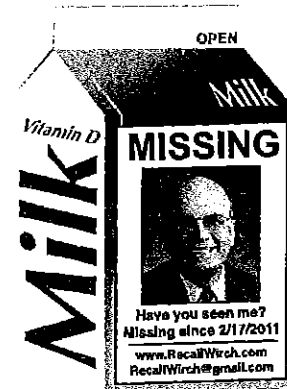
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jacob...</u>	<u>5216 57th</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
2. <u>[Signature]</u>	<u>35th St &amp; 53rd Ave</u> <u>1766 Birch Rd Apt 101</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
3. <u>Rebecca...</u>	<u>1766 Birch Rd Apt 101</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
4. <u>[Signature]</u>	<u>1248 11th Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
5. <u>[Signature]</u>	<u>833-45th St</u> <u>53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
6. <u>Doreen...</u>	<u>2116 - 3rd St</u> <u>Kenosha, WI</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
7. <u>[Signature]</u>	<u>1528 Sheridan</u> <u>Kenosha, WI</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
8. <u>[Signature]</u>	<u>1339 9th Ave</u> <u>53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
9. <u>[Signature]</u>	<u>2222 38th Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>
10. <u>[Signature]</u>	<u>1253 - 30th St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/31/11</u>

## Certification of Circulator

I, Jonathan Meyer, certify:

I reside at 2125 NW 12th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-31-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

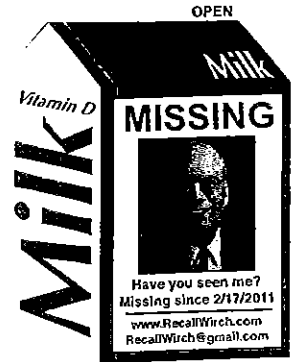
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>9312 11<sup>th</sup> Avenue</u> <u>53158</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
2. <u>[Signature]</u>	<u>8107-198<sup>th</sup> Ave</u> <u>53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>3-30-11</u>
3. <u>[Signature]</u>	<u>9325-43 Ave</u> <u>53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pl. Prairie</u>	<u>3-30-11</u>
4. <u>[Signature]</u>	<u>5617 40<sup>th</sup> Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
5. <u>[Signature]</u>	<u>3328 412 Ln</u> <u>Kenosha 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
6. <u>[Signature]</u>	<u>1010 59<sup>th</sup> St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>
7. <u>[Signature]</u>	<u>12106-82<sup>nd</sup> Ave</u> <u>Pl. Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pl. Prairie</u>	<u>3-30-11</u>
8. <u>[Signature]</u>	<u>5305 88<sup>th</sup> Street</u> <u>Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pl. Prairie</u>	<u>3/30/11</u>
9. <u>[Signature]</u>	<u>1817-104<sup>th</sup> St</u> <u>Pleasant Prairie 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pl. Prairie</u>	<u>3/30/11</u>
10. <u>[Signature]</u>	<u>6507 85<sup>th</sup> Ave</u> <u>Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-30-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-30-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2572

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

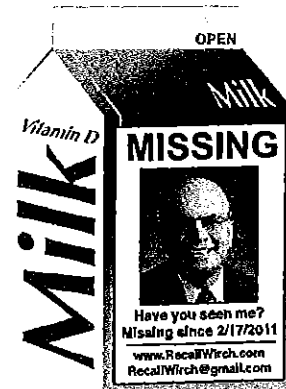
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Robt. Smith</u>	<u>1327 44th Street</u> <u>Kenosha 53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/12/11</u>
2. <u>LUKE STANLEY</u>	<u>3809 Shuyl</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/12/11</u>
3. <u>TAYSON JONES</u>	<u>5033 17th Ave</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/12/11</u>
4. <u>Marion J. Ester</u>	<u>9535 Shuman Dr</u> <u>Pl. Prairie 53158</u>	<input checked="" type="checkbox"/> Town <u>Pl. Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-12-11</u>
5. <u>[Signature]</u>	<u>162 14th Ave</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-12-11</u>
6. <u>[Signature]</u>	<u>4216 53rd</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/12/11</u>
7. <u>ANTHONY CLEMENT</u>	<u>8430th 20th Ave</u> <u>53143</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/12/11</u>
8. <u>James McCro</u>	<u>480 63rd St</u> <u>53143</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-12-11</u>
9. <u>Emile Kurue</u>	<u>5020 23 Ave</u> <u>53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosh</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-12-11</u>
10. <u>Farah Sonnenberg</u>	<u>2412 65th St</u> <u>53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-12-11</u>

I, Jonathan Meade, certify:  
(name of circulator)  
I reside at 2125 NW 12th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

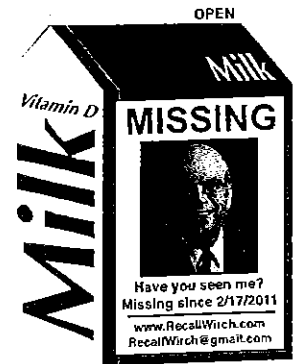
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Vera Holder</u>	<u>5507 24th 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
2. <u>Star Kim</u>	<u>10619 - N Pt York Rd 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-12-11</u>
3. <u>Miguel Rios</u>	<u>4035 23th Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
4. <u>James J. Smith</u>	<u>1327 44th St 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
5. <u>Kushan Wesley</u>	<u>8440 82nd St. Apt. 207 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/12/11</u>
6. <u>Pipki Karpov</u>	<u>4806 14th Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
7. <u>Clifford Jamison</u>	<u>1117 61st 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
8. <u>Thom M</u>	<u>5715 14th Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
9. <u>John A. Jones</u>	<u>2021-64th St 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/12/11</u>
10. <u>Dupe Jones</u>	<u>2021-64th St 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-12-11</u>

## Certification of Circulator

Jonathan Meier, certify:  
(name of circulator)  
I reside at 2125 NW 12th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-12-11  
(date)

Jonathan Meier  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2574

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

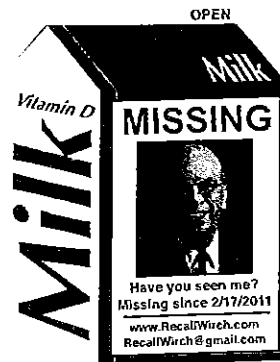
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	2054 63rd St 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-12-11
2. <i>[Signature]</i>	4048 29th Ave Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
3. <i>[Signature]</i>	Kenosha WI 53140 4107-29th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
4. <i>[Signature]</i>	1115 56th street 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
5. <i>[Signature]</i>	5023 38th AVE Kenosha 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
6. <i>[Signature]</i>	2607 63rd St 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
7. <i>[Signature]</i>	1704 15th St. Kenosha, WI 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
8. <i>[Signature]</i>	4721-21st Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
9. <i>[Signature]</i>	1811 54th St 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11
10. <i>[Signature]</i>	2051 17th Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/12/11

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 12th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2575

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

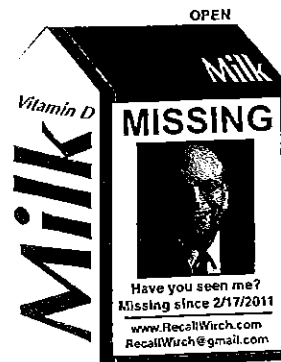
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Suphanya M...</u>	<u>458 28<sup>th</sup> Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-11-11</u>
2. <u>...</u>	<u>480 Kildega St.</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
3. <u>Jackie Ruckelshaus</u>	<u>6319-12<sup>th</sup> Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
4. <u>...</u>	<u>6430-109<sup>th</sup> St</u> <u>53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
5. <u>...</u>	<u>5412 W. Shiloh Rd</u> <u>Apt 211 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
6. <u>...</u>	<u>4013 39<sup>th</sup> Ave #18</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
7. <u>...</u>	<u>3310 22<sup>nd</sup> Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
8. <u>Susan X...</u>	<u>3818-8<sup>th</sup> Ave.</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>04/11/2011</u>
9. <u>...</u>	<u>5 PROJE CT 2</u> <u>53114</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/11/11</u>
10. <u>...</u>	<u>3013-60th St.</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-11-11</u>

1. Jonathan Megie Certification of Circulator, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2576



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>14908 31/2 Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
2. <u>Idaphy Echols</u>	<u>53141</u> <u>4900 16<sup>th</sup> ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
3. <u>[Signature]</u>	<u>4600 20<sup>th</sup> Ave</u> <u>53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
4. <u>[Signature]</u>	<u>7002 38<sup>th</sup> Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
5. <u>[Signature]</u>	<u>4805-18<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
6. <u>Paul Watson</u>	<u>4408-17 Ave LWR</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
7. <u>Allison Walker</u>	<u>4607 10<sup>th</sup> Ave Lower</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
8. <u>Mark McCoy</u>	<u>1111 58<sup>th</sup> St</u> <u>Kenosha, WI 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4, 11, 11</u>
9. <u>Kim Woodhuf</u>	<u>3303 15<sup>th</sup> St Apt 10</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
10. <u>Rudy Pynn</u>	<u>6430 20<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 12<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-11-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2577

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

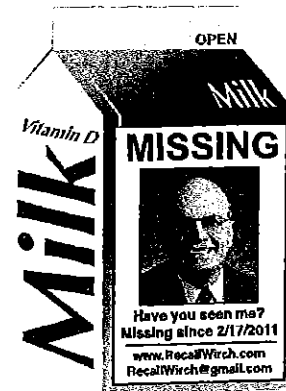
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>6604 24th Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
2. <u>[Signature]</u>	<u>5922 10th Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
3. <u>[Signature]</u>	<u>2125 22nd Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
4. <u>[Signature]</u>	<u>11012 31st Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
5. <u>[Signature]</u>	<u>925 31st Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
6. <u>[Signature]</u>	<u>720 19th Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
7. <u>[Signature]</u>	<u>4604 32nd Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
8. <u>[Signature]</u>	<u>7028 30th</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/11/11</u>
9. <u>[Signature]</u>	<u>5910 43rd Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
10. <u>[Signature]</u>	<u>24111-71st Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4.11.11</u>

## Certification of Circulator

I, Jonathan Mege, certify:

(name of circulator)

I reside at 2125 NW 124th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-11-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

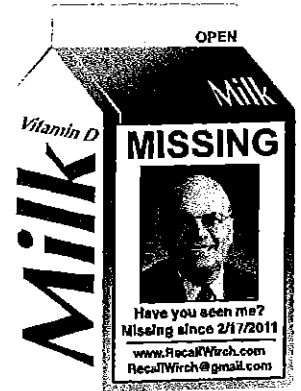
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	1878 22 <sup>nd</sup> St 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/11/11
2. <i>[Signature]</i>	4239 25 <sup>th</sup> St 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/11/11
3. <i>[Signature]</i>	2022 89 <sup>th</sup> St 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-11-11
4. <i>[Signature]</i>	53140 3809 Sheldon	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-11-11
5. <i>[Signature]</i>	6734 12 <sup>th</sup> Ave Kenosha WI 53141	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/11/11
6. <i>[Signature]</i>	2012 200 <sup>th</sup> St 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/11/11
7. <i>[Signature]</i>	7403-27 <sup>th</sup> Ave Kenosha 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/11/11
8. <i>[Signature]</i>	563-CAKWOOD TR. TWIN LAKES WI 53181	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TWIN LAKES	4-11-11
9. <i>[Signature]</i>	3611-15 <sup>th</sup> Apt 1D Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-11-11
10. <i>[Signature]</i>	1612-56 <sup>th</sup> St Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-11-11

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-11-11  
(date)

*[Signature]*  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2579

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

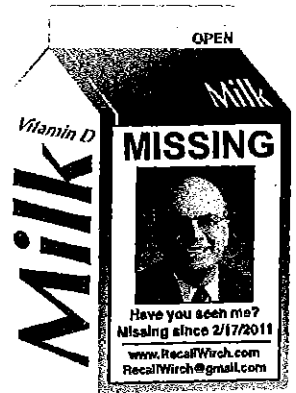
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Hamberto Sokano</u>	<u>3605 48th St 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4/1/11</u>
2. <u>Regan Munoz</u>	<u>3801 15th St 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
3. <u>Matthew King</u>	<u>1034 30th St 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
4. <u>Kristi Besh</u>	<u>6727 12th Ave 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
5. <u>Kathleen Sullivan</u>	<u>8840 106th Ave. Kenosha, WI 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-11-11</u>
6. <u>John J. Bock</u>	<u>5902 5th Ave W 53143</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
7. <u>[Signature]</u>	<u>5507 55th Street 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
8. <u>Roberto L. L. L.</u>	<u>3673 30th Ave 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
9. <u>[Signature]</u>	<u>1072 60th St 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
10. <u>Naomi Kulow</u>	<u>2104 S. 8th St. 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>

## Certification of Circulator

I, Jonathan Megie

(name of circulator)

, certify:

I reside at 2125 NW 12th St Miami FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-11-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

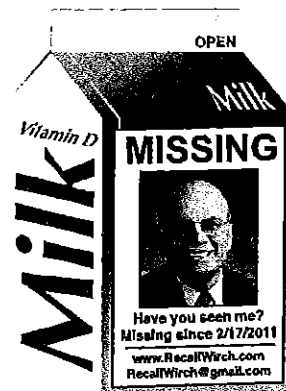
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Rann Christensen</u>	<u>1106 12<sup>th</sup> Ave</u> <u>Somers WI 53190</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
2. <u>Janice Wendt</u>	<u>4306-45 St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-11-11</u>
3. <u>Wendy Bolte</u>	<u>8545 12<sup>th</sup> Pl</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
4. <u>Tom Haemel</u>	<u>1028 Shepida Rd</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
5. <u>Judith Gerner</u>	<u>1028 Shepida Rd</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
6. <u>Kim Penn</u>	<u>1046 Shepida Rd</u> <u>Somers WI 53190</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
7. <u>[Signature]</u>	<u>429 10<sup>th</sup></u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
8. <u>[Signature]</u>	<u>422 10<sup>th</sup> St</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
9. <u>Ann Mader</u>	<u>422 10<sup>th</sup> St</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>
10. <u>Rod L Seitz</u>	<u>512 10<sup>th</sup> St</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-11-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)  
I reside at 2125 NW 12<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-11-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. 608-266-8005, <http://gab.wis.gov>, email: [gab@wis.gov](mailto:gab@wis.gov)

P.O. Box 26 • Silver Lake, WI 53170  
[www.RecallWirch.com](http://www.RecallWirch.com) • [RecallWirch@gmail.com](mailto:RecallWirch@gmail.com)

Page No. 2581

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

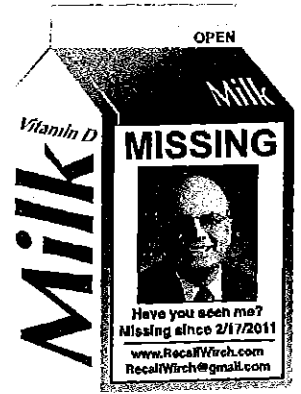
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or tire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>3737 University Drive</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-8-11</u>
2. <u>[Signature]</u>	<u>3854 Gist</u> <u>53142</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/8/11</u>
3. <u>[Signature]</u>	<u>1491 10th St.</u> <u>53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
4. <u>[Signature]</u>	<u>3737 Pike River Suite</u> <u>Kenosha WI 379</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
5. <u>[Signature]</u>	<u>4019 University</u> <u>Apt. 5 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
6. <u>[Signature]</u>	<u>3737 Pike River Suite</u> <u>Kenosha WI 415 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
7. <u>[Signature]</u>	<u>3737 Pike River Suite</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
8. <u>[Signature]</u>	<u>1514 27 AVE</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4/8/11</u>
9. <u>[Signature]</u>	<u>2034 20th Ave.</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
10. <u>[Signature]</u>	<u>10039 Pth Ave</u> <u>53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Prosser</u>	<u>4-8-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:  
(name of circulator)

I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-8-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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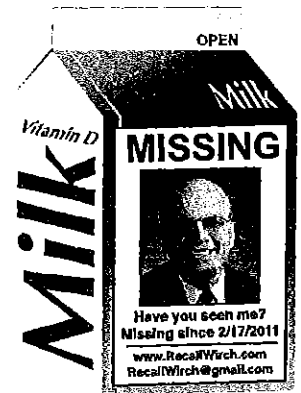
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	900 Wood Rd. 53144 416	<input checked="" type="checkbox"/> Town Kenosha <input type="checkbox"/> Village <input type="checkbox"/> City	4/8/11
2. <i>[Signature]</i>	4135 University Drive Kenosha, WI 53144 317	<input type="checkbox"/> Town Kenosha <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/8/11
3. <i>Gwendolyn M. Byrd</i>	4135 University Drive 3F 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/8/11
4. <i>Ana Malley</i>	6121 12th Ave 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/8/11
5. <i>Ellen Somers</i>	4827 18th Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/8/11
6. <i>[Signature]</i>	8004 17th Ave 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/8/11
7. <i>Carl [Signature]</i>	2422 71st 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4/8/11
8. <i>[Signature]</i>	4827 18th Ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
9. <i>[Signature]</i>	7935 26th Ave 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
10. <i>[Signature]</i>	7836 13th Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-8-11

(date)

*[Signature]*

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

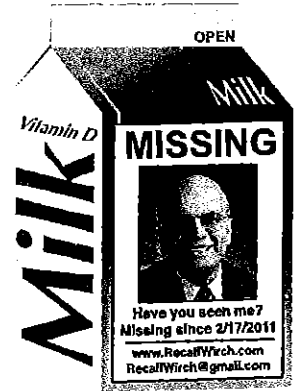
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1690 35 <sup>th</sup> Ave 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
2. Daniel Linnell	37943 Twin Lakes 89th Place 53158	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Twin Lakes	4/8/11
3.	1248 35 Ave Kenosha, WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
4.	1801 51 <sup>st</sup> Ave 53143	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
5.	4135 University Dr. #140 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
6.	4135 University Drive Kramer Hall #213 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
7.	1814 22nd Ave Kenosha 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
8.	3507-125 <sup>th</sup> St. Kenosha, WI 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
9.	6604 99th AVE Kenosha WI, 53142	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11
10.	1405 56 <sup>th</sup> Ave 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4/8/11

## Certification of Circulator

I, Jonathan Mejia, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-8-11  
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2584



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

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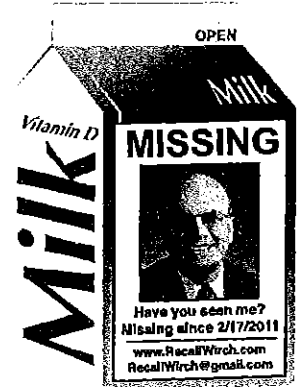
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from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	1416 50th Street Kenosha, WI 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
2. <i>[Signature]</i>	1961 53rd St 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
3. <i>[Signature]</i>	1680 44th Ave 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
4. <i>[Signature]</i>	4135 University Dr 359	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
5. <i>[Signature]</i>	4135 University Dr Apt 435-1 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
6. <i>[Signature]</i>	5902 55th St 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
7. <i>[Signature]</i>	1615 24th Ave 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
8. <i>[Signature]</i>	4135 University Dr #165 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
9. <i>[Signature]</i>	4135 University drive #157 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11
10. <i>[Signature]</i>	5104 50th Ave. Kenosha 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	4-8-11

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 12th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-8-11  
(date)

*[Signature]*  
(signature of circulator)

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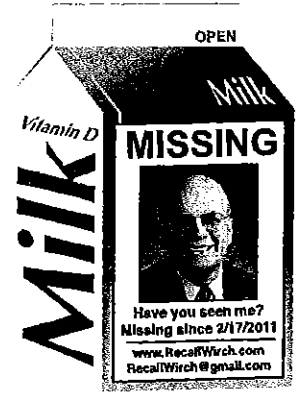
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1. <u>De la Grana Core</u>	<u>1080 35<sup>th</sup> Ave</u> <u>53194</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
2. <u>Joella Maria</u>	<u>5037 58th Street</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
3. <u>Janet</u>	<u>718 Washington</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/08/11</u>
4. <u>Reed Watson</u>	<u>715 49th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
5. <u>Anna Hitter</u>	<u>1983 36<sup>th</sup> Ave</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
6. <u>Cory Bullock</u>	<u>1290 22 Ave 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
7. <u>Mike Hables</u>	<u>1850 42 Ave 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
8. <u>Jornell Karkhan</u>	<u>4911 38<sup>th</sup> Ave 33144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
9. <u>Matthew Bendorf</u>	<u>1959 Sheridan</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
10. <u>Jordan Zuckberg</u>	<u>1850 31st Avenue</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>

## Certification of Circulator

I, Jonathan Meje, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-8-11

(signature of circulator)

Jonathan Meje

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2586

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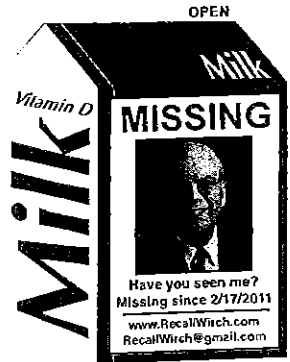
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(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Brittney Jasper</u>	<u>3737 University Dr</u> <u>Kenosha, WI 53144 (#210)</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
2. <u>[Signature]</u>	<u>1999 89th Street</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
3. <u>Kathleen Yule</u>	<u>10105 27th Ave</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/8/11</u>
4. <u>Ray Hunt</u>	<u>9000 278th Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>4/8/11</u>
5. <u>[Signature]</u>	<u>1854 95th St</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
6. <u>[Signature]</u>	<u>4135 University Dr</u> <u>5th Floor 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
7. <u>Alexis M. Hargis</u>	<u>4135 University Dr</u> <u>3rd floor 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
8. <u>[Signature]</u>	<u>4175 University Dr</u> <u>1st floor 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
9. <u>Hannah Reize</u>	<u>1367 22nd Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
10. <u>Jamie Stoehr</u> <u>Jamie Stoehr</u>	<u>4135 University drive</u> <u>304</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

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4-8-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 2587

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>8717 82nd St #300</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u>	<u>4/8/11</u>
2. <u>[Signature]</u>	<u>Pleasant Prairie 53158</u>	<input checked="" type="checkbox"/> Village <u>University Dr</u>	<u>4/8/11</u>
3. <u>[Signature]</u>	<u>University Apartments 4135</u>	<input type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
4. <u>[Signature]</u>	<u>Kenosha, WI 53144 #3516</u>	<input type="checkbox"/> Village <u>Kenosha</u>	<u>4/8/11</u>
5. <u>[Signature]</u>	<u>1628 Washington Rd</u>	<input type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
6. <u>[Signature]</u>	<u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-8-11</u>
7. <u>[Signature]</u>	<u>1819 Sheridan</u>	<input type="checkbox"/> Village <u>Kenosha</u>	<u>4-8-11</u>
8. <u>[Signature]</u>	<u>53140</u>	<input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
9. <u>[Signature]</u>	<u>1690 Washington</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-8-11</u>
10. <u>[Signature]</u>	<u>53142</u>	<input type="checkbox"/> Village <u>Kenosha</u>	<u>4-8-11</u>
11. <u>[Signature]</u>	<u>12851 Sheridan Rd.</u>	<input type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
12. <u>[Signature]</u>	<u>53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4-8-11</u>
13. <u>[Signature]</u>	<u>University Ranger Hall</u>	<input type="checkbox"/> Village <u>Kenosha</u>	<u>4-8-11</u>
14. <u>[Signature]</u>	<u>Kenosha Wisconsin 53144</u>	<input type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
15. <u>[Signature]</u>	<u>8226 65<sup>th</sup> St</u>	<input type="checkbox"/> Town <u>Kenosha</u>	<u>4-8-11</u>
16. <u>[Signature]</u>	<u>Kenosha, WI 53142</u>	<input type="checkbox"/> Village <u>Kenosha</u>	<u>4-8-11</u>
17. <u>[Signature]</u>	<u>4614 University Drive 53144</u>	<input type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
18. <u>[Signature]</u>	<u>Apt 4F (262) 595 3516</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4-8-11</u>
19. <u>[Signature]</u>	<u>7281 65<sup>th</sup> St. 53142</u>	<input type="checkbox"/> Village <u>Kenosha</u>	<u>4-8-11</u>
20. <u>[Signature]</u>		<input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-8-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2588

# RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

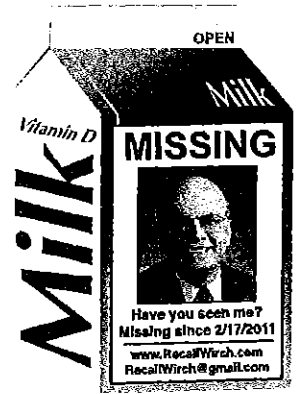
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Peter East</u>	<u>53155</u> <u>9000 278<sup>th</sup> Ave</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/8/11</u>
2. <u>Armand M...</u>	<u>979 Wood Rd. Apt 103</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
3. <u>Amber Mc...</u>	<u>4135 UNIVERSITY DR</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
4. <u>Hatley Christensen</u>	<u>1485 32<sup>nd</sup></u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
5. <u>Anni Dudgeon</u>	<u>4135 University</u> <u>Drive # 103 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
6. <u>Arnette J...</u>	<u>4135 University Drive</u> <u>111 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
7. <u>Brenten Puckett</u>	<u>4602 15th St.</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
8. <u>Ch...</u>	<u>3737 University Dr</u> <u>Bike Lane 406 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
9. <u>Justin...</u>	<u>3737 University Dr</u> <u>Pike Drive 101 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
10. <u>...</u>	<u>110 38 15<sup>th</sup> Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-8-11

(date)

[Signature]

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

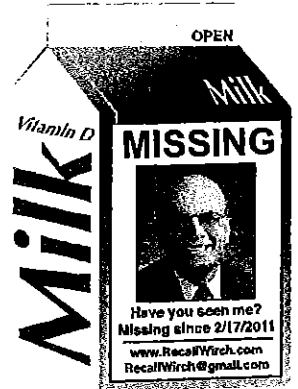
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jason Spear</u>	<u>5507 24th Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
2. <u>Nathan Jensen</u>	<u>2338 17th St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/8/11</u>
3. <u>Kashie Spear</u>	<u>2020 60th</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
4. <u>Tommy Nien</u>	<u>2316 32nd Street</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
5. <u>Angie Salazar</u>	<u>2316 52nd St</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
6. <u>Mark Velt</u>	<u>4401 1st Street</u> <u>53144</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
7. <u>Maiah Carter</u>	<u>6306 24th Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
8. <u>John Brown</u>	<u>2020 60th</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
9. <u>Kevin Melton</u>	<u>5051 24 Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>
10. <u>Stephanie</u>	<u>6704 21st Ave</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-8-11</u>

I, Jonathan Megie, certify:

I reside at 2125 NW 124th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-8-11

(signature of circulator)

Megie

Please mail this form to:

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www.RecallWirch.com • RecallWirch@gmail.com

Page No.

2590

# RECALL PETITION

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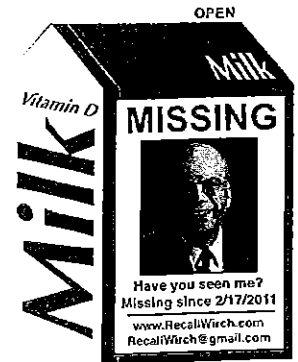
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1. <u>Mimi Z...</u>	<u>4135 University Dr. #2 53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
2. <u>Kathy This</u>	<u>4135 University Dr. Dorm 15A 53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
3. <u>Mike P...</u>	<u>5312 53rd ave Kenosha</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
4. <u>Nicole Williams</u>	<u>4135 University Dr 53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
5. <u>Bob Belch</u>	<u>1769-21st Ave 2360 Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
6. <u>[Signature]</u>	<u>2001 Adams Dr #159 Johnson 53144</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
7. <u>Jane De Vos</u>	<u>910 85th St Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
8. <u>John B. DeVos</u>	<u>910 85th St Kenosha 53143</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
9. <u>Chris L. G...</u>	<u>8700 11th St #7 Kenosha, WI 53149</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u>	<u>4/7/11</u>
10. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Megie Certification of Circulator, certify:

I reside at 2125 NW 124th St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-7-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 259/2672

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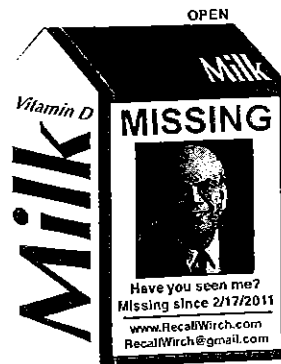
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1. <u>Emily Williams</u>	<u>1334 43<sup>rd</sup> St UWA 53146</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
2. <u>[Signature]</u>	<u>6014 52 Ave</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
3. <u>[Signature]</u>	<u>2049 Thurston Ave</u> <u>Kenosha 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
4. <u>[Signature]</u>	<u>1235 4235 12<sup>th</sup> St</u> <u>Kenosha 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
5. <u>[Signature]</u>	<u>4019 University Drive</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
6. <u>[Signature]</u>	<u>3743 15<sup>th</sup> St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
7. <u>[Signature]</u>	<u>928 48<sup>th</sup> St</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
8. <u>[Signature]</u>	<u>3715 75<sup>th</sup> St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-28-11</u>
9. <u>[Signature]</u>	<u>Kenosha 2201 Alford Pl. Dr.</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-28-11</u>
10. <u>[Signature]</u>	<u>3415 164<sup>th</sup> Ave</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/28/11</u>

## Certification of Circulator

I, Jonathan Megie, certify:

I reside at 2125 NW 12<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

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3-28-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2592  
2673



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(official with whom nomination papers or declaration of candidacy for the office is filed)

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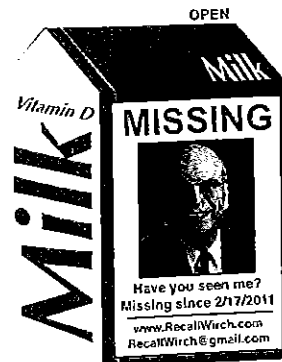
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1. <u>Andrew LaBum</u>	<u>8828 4th Ave #1 53142</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
2. <u>Nami Garcia</u>	<u>6209 5th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
3. <u>Anna</u>	<u>7849 25th Ave</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
4. <u>[Signature]</u>	<u>4825 62nd St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
5. <u>[Signature]</u>	<u>5227 13th Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
6. <u>[Signature]</u>	<u>8201 Lexington Pl</u> <u>Pleasant Prairie 53182</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
7. <u>Liane Johnson</u>	<u>2105-85th St</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-30-11</u>
8. <u>Kathryn Vasek</u>	<u>7021 10th Ave</u> <u>53142 Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
9. <u>Charles Styte</u>	<u>4719 63rd St</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>
10. <u>[Signature]</u>	<u>Kenosha, WI 53144</u> <u>5126 48th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-30-11</u>

Jonathan Megala certify  
(Name of circulator)  
I reside at 2125 NW 12th St Miami FL 33167  
(circulator's residence include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

2593  
2677

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

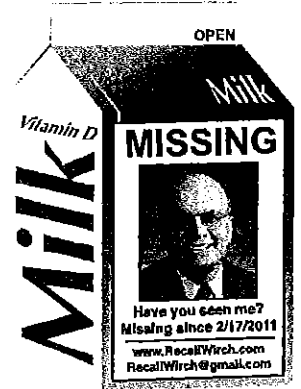
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Cindy Imwble</u>	<u>9624 342<sup>nd</sup> AVE</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>4-2-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jonathan Megie, certify:

(name of circulator)

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11  
(date)

Jonathan Megie  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District,  
(jurisdiction or district of officeholder)

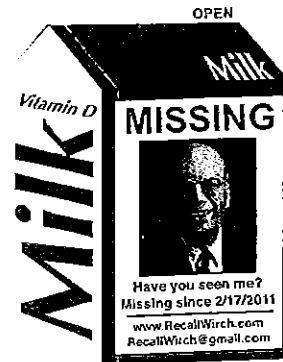
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>1408 10th Ave</u> <u>53182 Union Grove</u>	<input checked="" type="checkbox"/> Town <u>Union Grove</u> <input type="checkbox"/> Village <u>UG WI</u> <input type="checkbox"/> City	<u>4-5-2011</u>
2. <u>[Signature]</u>	<u>1408 10th Ave</u> <u>53182 UG WI</u>	<input checked="" type="checkbox"/> Town <u>Union Grove</u> <input type="checkbox"/> Village <u>UG WI</u> <input type="checkbox"/> City	<u>4-5-2011</u>
3. <u>[Signature]</u> <u>Sanctiago Gomez</u>	<u>5426 23rd Ave</u> <u>53140 Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
4. <u>[Signature]</u>	<u>4919 8th Ave</u> <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Megie, Certification of Circulator, certify:

I reside at 2125 NW 124th St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-5-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District  
(jurisdiction or district of officeholder)

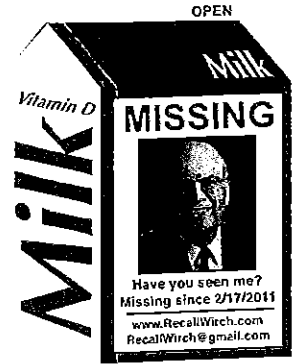
petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin  
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Juan Ramirez</u>	<u>4620 26<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
2. <u>Robert Courade</u>	<u>5812 73<sup>rd</sup> St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHIA</u>	<u>4-5-11</u>
3. <del>[Signature]</del>	<del>[Address]</del>	<del>[Municipality]</del>	<del>[Date]</del>
4. <u>[Signature]</u>	<u>4325 13<sup>th</sup> St</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
5. <u>Steve Skell</u>	<u>5430 - 64<sup>th</sup> Ave</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
6. <u>[Signature]</u>	<u>6224 53<sup>rd</sup> St</u> <u>53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
7. <u>Kullis</u>	<u>9002 Sheridan Rd</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
8. <u>Karey E. Hollis</u>	<u>7320 52<sup>nd</sup> Ave</u> <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
9. <u>[Signature]</u>	<u>6700 243<sup>rd</sup> Ave</u> <u>53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>4-5-11</u>
10. <u>[Signature]</u>	<u>5310 W. Harts</u> <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>

1. Jonathan Megie Certification of Circulator, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 259  
2667

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

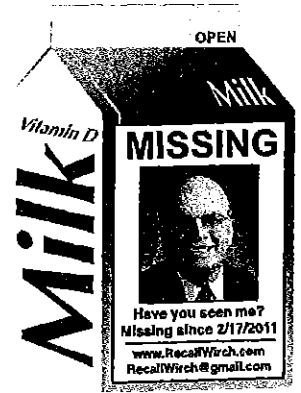
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Eric Wright</u>	<u>6827 25<sup>th</sup></u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
2. <u>Michelle Payne</u>	<u>6602 15<sup>th</sup> Ave</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
3. <u>Bruno Lopez</u>	<u>1919 16<sup>th</sup> Ave</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
4. <u>Vanessa Wright</u>	<u>1702 59<sup>th</sup> St Upper</u> <u>Kenosha, WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4-6-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Megie certify:  
(name of circulator)  
I reside at 2125 NW 124<sup>th</sup> St Midway, FL 336  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-6-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

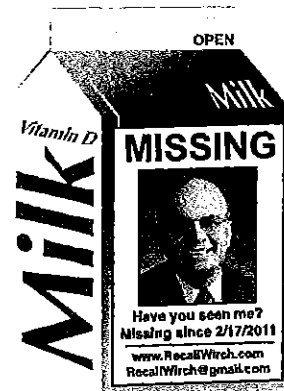
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Bambu Sami</u>	<u>8126 61st Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
2. <u>Alyssa Leppert</u>	<u>1514 - 78th St</u> <u>Kenosha WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Megie, certify:

I reside at 2125 NW 124<sup>th</sup> St Miami, FL 33167  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

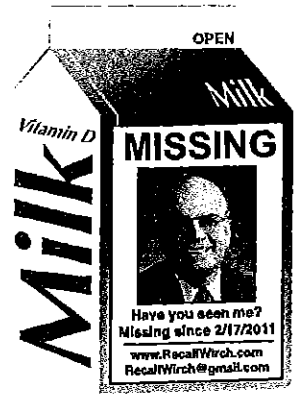
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Julie Smith</u>	<u>7923-39th Ave 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## Certification of Circulator

I, Jonathan Meagie, certify:

I reside at 2125 NW 12th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-7-11

(signature of circulator)

Jonathan Meagie

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22<sup>nd</sup> Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22<sup>nd</sup> District State Senate of Wisconsin

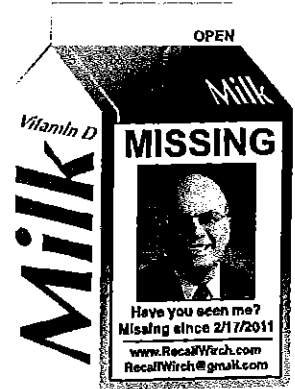
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

## STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22<sup>nd</sup> State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Sh Dan</u>	<u>2001 Alard Park Dr.</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/7/11</u>
2. <u>Samuel L. Jacke</u>	<u>8051 25th Ave 99</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
3. <u>Frank</u>	<u>4742 74th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
4. <u>Zack Salerna</u>	<u>7525 36th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-7-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jonathan Megie Certification of Circulator

, certify:

I reside at 2125 NW 124th St Miami, FL 33167

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4-7-11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com